

DEC 15 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Carroll Registration District No. 135 File No. 40910  
Township Carrollton Primary Registration District No. 3010 Registered No. 97  
City Carrollton (No. Southside Hospital) St.            Ward           

2. FULL NAME

James C. Williams  
(a) Residence, No.            St.            Ward             
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Annie Williams  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-20-1861  
7. AGE YEARS 76 MONTHS 7 DAYS 4 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Blacksmith  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prostate (by proctology)  
10. Date deceased last worked at this occupation (month and year)            11. Total time (years) spent in this occupation           

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24-1937  
22. I HEREBY CERTIFY, That I attended deceased from November 3, 1937, to Nov 24, 1937  
I last saw him alive on 11-24-1937 Death is said to have occurred on the date stated above, at 7 a. m.  
The principal cause of death and related causes of importance were as follows:

Prostate (by proctology)  
Nephritis Interstitial-Chr 7  
Date of onset           

Other contributory causes of importance:           

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn  
13. NAME J. C. Williams  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn  
15. MAIDEN NAME Elmira Sloan  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn  
17. INFORMANT (ADDRESS) Mrs Annie Williams Nashville Tenn  
18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville Tenn DATE 11-26-1937  
19. UNDERTAKER (ADDRESS) Williams Funeral Home Carrollton Mo  
20. FILED 11-26-1937 With Haskins Registrar

Name of operation no Date of             
What test confirmed diagnosis?            Was there an autopsy?           

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?            Date of injury           , 19             
Where did injury occur?            (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.           

Manner of injury             
Nature of injury           

24. Was disease or injury in any way related to occupation of deceased?             
If so, specify             
(Signed) R. W. Benson, M. D.  
(Address) Carrollton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

132a

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

40910

Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135  
(b) Township \_\_\_\_\_ Primary Registration District No. 2010  
(c) City Carrollton (d) Street No. \_\_\_\_\_ Registered No. 97  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James C. Williams  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24-1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 7 4

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

Prostatic Hypertrophy  
Nephritis  
Interstitial Nephritis Chronic  
Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

FATHER 13. NAME \_\_\_\_\_

FATHER 14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_

MOTHER 16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED Jan 15 38 A. M. Benson Local Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) R. M. Benson, M. D.

(Address) Carrollton mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

