

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

Do not use this space.

1. PLACE OF DEATH

County Taney Registration District No. 857 File No. 4390
 Township Elwan Primary Registration District No. 6130 Registered No. _____
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME

Howard Francis Williams 452
 (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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma A. Williams</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9 - 1886</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>72</u> | <u>1</u> | <u>24</u> | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ | | | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | | 11. Total time (years) spent in this occupation _____ | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren County Illinois</u> | | | | |
| FATHER | 13. NAME <u>John Z. Williams</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Lurhammch Daggett</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u> | | | |
| 17. INFORMANT <u>Mrs Emma A. Williams</u> (ADDRESS) <u>Beaman, Mo</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | | | |
| PLACE _____ | | DATE _____ 19 _____ | | |
| 19. UNDERTAKER (ADDRESS) _____ | | | | |
| 20. FILED _____ 19 _____ | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1937, to Oct 28 1937
 I last saw him alive on Oct 28 1937 Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Nephritis
Enlarged Prostate + Seminal
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) Harry T. Evans, M. D.
 (Address) Beaman Mo

Registrar.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

ON

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

4390
Do not use this space.

1. PLACE OF DEATH

(a) County Taney Registration District No. 859
(b) Township Oliver Primary Registration District No. 6130 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

Howard Francis Williams
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 1 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co Illinois

FATHER 13. NAME John C. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Luna Hannah Daggett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs Emma A Williams
Branson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Taneyville Mo DATE 10/29 1937

19. FUNERAL DIRECTOR (ADDRESS) W. H. Whelchel
Branson Mo

20. FILED 10/28 1937 John A. Baxter
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 to Oct 28, 1937

I last saw him alive on Oct 28, 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

acute nephritis
enlarged prostate and senility
Date of onset _____
Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? none 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 _____, 1937

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 Harry T. Evans, M. D.
(Signed) Branson Mo
(Address) Branson Mo

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

S-4390