

DEC'D MAR 23 1938

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

7833
 Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 609
 (b) Township Buffalo Primary Registration District No. 2033 Registered No. _____
 (c) City Louisiana (d) Street No. 710 n 3d _____ 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

(a) Residence, No. 710 n 3d 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-12-71

7. AGE YEARS 66 MONTHS 3 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Button grader
 9. Industry or business in which work was done, as saw mill, bank, etc. Pearl Button Factory
 10. Date deceased last worked at this occupation (month and year) 10/30/37 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

FATHER 13. NAME John Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dent Know Mo

MOTHER 15. MAIDEN NAME dent Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dent Know Mo

17. INFORMANT (ADDRESS) Mrs Harro Williams Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside DATE 2/8 38

19. FUNERAL DIRECTOR (ADDRESS) P. H. Hays Louisiana Mo

20. FILED 2/8 38 P. H. Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8 38

22. I HEREBY CERTIFY, That I attended deceased from 11/1, 1938 2-7 38

I last saw him alive on 2/6, 1938. Death is said to have occurred on the date stated above, at 9:15 m.

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

Carcinoma of pancreas with metastasis to the liver

Other contributory causes of importance: 4-6-

Name of operation Exploratory Lap. Date of 11/2/37

What test confirmed diagnosis? Path. Was there an autopsy? No.

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? No 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 Ed. Cunningham, M. D.
 (Signed)

(Address) Louisiana, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)