

DEC'D APR 20 1938

Marksborough

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

11086

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township _____ Primary Registration District No. 2007 Registered No. _____
 (c) City Joplin (d) Street No. 2005 Moffet 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

CHARLES A WILLIAMS 452
 (a) Residence, No. 2005 Moffet 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 Belle Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1875
 7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
62 6 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Police man
 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) Casville Mo.
 FATHER 13. NAME Thomas Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Ill.
 MOTHER 15. MAIDEN NAME Frances Roberts
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Casville Mo.
 17. INFORMANT (ADDRESS) J S Apperger
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bankmen Pk DATE 3-14 1938
 19. FUNERAL DIRECTOR (ADDRESS) Lanpher Mortuary
Joplin Mo.
 20. FILED 3-15-38 Joplin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1938
 22. I HEREBY CERTIFY That I attended deceased from March 3, 1938, to March 12, 1938
 I last saw him alive on March 12, 1938. Death is said to have occurred on the date stated above, at 1 P.M.
 The principal cause of death and related causes of importance were as follows:
Central Hemorrhage (Apoplexy)
 Date of onset 2-25-38
 Other contributory causes of importance: Arterial Hypertension not known
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) J S Marksborough M.D.
 (Address) Joplin, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I, Allen E Langher, Licensed Embalmer No. 3574

hereby certify that the body recorded on the reverse side of this certificate was embalmed by F M Jones

L. E.

No. 12319 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Allen E. Langher

Licensed Embalmer No. 3574

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.)