

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.

REC'D MAY 13 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15241

1. PLACE OF DEATH

County Maries
 Township S. Miller
 City Myersdale (No. 457)

Registration District No. 1040
 Primary Registration District No. 6276

File No. 3
 Registered No. 3 St. Ward

2. FULL NAME

Berry Andrew Williams 457

(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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-4-1869</u>		
7. AGE <u>68</u>	YEARS <u>11</u>	MONTHS <u>5</u>
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 <u>0</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>William C. Williams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Sarah Sullens</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Joeje Williams</u> (ADDRESS) <u>Dixon, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Williams Cemetery April 10, 1938</u>		
19. UNDERTAKER <u>Fred H. Gilbert</u> (ADDRESS) <u>Dixon, Mo.</u>		
20. FILED <u>4-19</u> , 1938 <u>W. Winkelman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1936, to April 2, 1938
 I last saw him alive on April 2, 1938 Death is said to have occurred on the date stated above, at 2:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Diabetes mellitus unknown
Chronic interstitial nephritis
Cardiac enlargement
and incompetency (chronic)
 Other contributory causes of importance: 59.

Name of operation X Date of 8
 What test confirmed diagnosis? Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury 2, 1938
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Only Gates
 (Signed) Only Gates St. D.
Brinktown, Mo.

