

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17604

Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 912
 (b) Township Vandalia Primary Registration District No. 4550 Registered No. _____
 (c) City Vandalia (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

ARTHUR WILLIAMS 452
 (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

MEDICAL CERTIFICATE OF DEATH

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 Lenore Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1897
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 3 17

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to May 25, 1938.
 I last saw him alive on May 25, 1938. Death is said to have occurred on the date stated above, at 3:15 p.m.
 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. Postal Clerk
 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) May 25, 1938
 11. Total time (years) spent in this occupation 25 yrs

Pulmonary Stenosis
Endocarditis CHROMIC
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vandalia - Missouri

Other contributory causes of importance: Acute Alcoholism

13. NAME James Williams 4
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen Wales 4

15. MAIDEN NAME Elizabeth Davis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen Wales

17. INFORMANT (ADDRESS) Mrs. Arthur Williams Vandalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Cemetery May 27, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. S. Walsh Mrs. W. S. Walsh

20. FILED 6/1 1938 Carne F. Peterback 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? No
 If so, specify _____
 (Signed) R. L. Marshall D.O.
 (Address) Vandalia Mo. D.O.

STATEMENT BY LICENSED EMBALMER

I, Mr. B. Waters, Licensed Embalmer No. 3325

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

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Mr. B. Waters
Licensed Embalmer No. 3325

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.)