

REC'D JUN 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Douglas
Township Spencer
City (No. _____) _____Registration District No. 281
Primary Registration District No. 6256File No. 18164
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John J. Williams 45-2
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Nancy Scott
(OR WIFE OF)6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17 - 18627. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 2 228. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Missouri
(STATE OR COUNTRY)13. NAME Jacob Williams14. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)15. MAIDEN NAME Samanthy Stafford16. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)17. INFORMANT Mrs Perry Peck
(ADDRESS) Northwood Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE May 5, 193819. UNDERTAKER Kelley Firrell
(ADDRESS) Seymour Mo20. FILED 6-9, 1938 B. D. Hale
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

Had no medical attendance from 4 or 5 mos but had gotten some medicine at that time & would say the died of natural cause

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO23. 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? _____

If so, specify _____
(Signed) P. W. Climbheard Coroner
Ada, Mo. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

