

REC'D JUN 20 1938

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

18232
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 313
(b) Township Miller Primary Registration District No. 5432 Registered No. 1
(c) City (d) Street No.
(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 W. Williams

(a) Residence, No. St. (If nonresident, give city or town and State)

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1938

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

22. I HEREBY CERTIFY That I attended deceased from May 11 1938 to May 24 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 - 1869

I last saw h... alive on May 24 1938. Death is said to have occurred on the date stated above, at 3 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 22

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

Chronic myocarditis with acute dilatation Date of onset 1937

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. /
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 0

Other contributory causes of importance: AB

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

13. NAME J. L. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co, Mo

15. MAIDEN NAME Cynthia Ann Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) He Kalb Co Mo

17. INFORMANT (ADDRESS) Mrs Charles W. Williams King City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairport DATE May 26 1938

19. FUNERAL DIRECTOR (ADDRESS) G. L. Gromer Pattonsburg

20. FILED 5-28 1938 Nora Mottershead Local Registrar. 860

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) Dr. Jack G. Barnes M. D.
King City, Mo.

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

18232
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 313
 (b) Township Smiley Primary Registration District No. 3432
 (c) City..... (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

Chas. W. Williams
 (a) Residence, No. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 1 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 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..... m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:
 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?.....
 If so, specify facto a farmer, M. D.
 (Signed) King City
 (Address) King City Mo

SUPPLEMENTARY

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED May 5 1938 Nora Motherhead Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

