

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

Do not use this space.

REC'D JUN 17 1938

1. PLACE OF DEATH
 County Saline Registration District No. 792
 Township _____ Primary Registration District No. 4473
 City Arrow Rock, Mo. (No. At, Home St. _____ Ward _____)

2. FULL NAME Mr. James Williams
 (a) Residence, No. Arrow Rock, Missouri 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.

File No. 19607
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>65</u>	<u>2</u>	<u>28</u>		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to May 10, 1938
 I last saw him alive on May 10, 1938 Death is said to have occurred on the date stated above, at 9.10 P.M.
 The principal cause of death and related causes of importance were as follows:
acute Alcoholism Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Arrow Rock, Missouri
 (STATE OR COUNTRY)

13. NAME Burtam Williams

14. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

15. MAIDEN NAME Lizzie Brown

16. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Lattie Svitzler
 (ADDRESS) Arrow Rock, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Sappington DATE May 15, 1938

19. UNDERTAKER J. J. Meentemeyer, Inc.
 (ADDRESS) Boonville, Mo.

20. FILED May 12, 1938 C. L. Lawless
 Registrar.

Name of operation None 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 5, 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) C. L. Lawless, M. D.
 (Address) Warsaw, Mo.

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

