

REC'D SEP 14 1938

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

28327
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 82
(b) Township _____ Primary Registration District No. 3001 Registered No. 818
(c) City St. JOSEPH (d) Street No. Mo. Methodist Hospital 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Leo Williams

(a) Residence, No. 1110 Church St. St. Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 14, 1856</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>11</u>	DAYS <u>22</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Paint Contractor</u>	
	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 <u>43</u>	
12. BIRTHPLACE (CITY OR TOWN) <u>Springfield</u> (STATE OR COUNTRY) <u>Illinois</u>		
FATHER	13. NAME <u>Hathaway Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Mary Kelly</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT <u>M. Vernon Williams</u> (ADDRESS) <u>1110 Church St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ashland Cemetery</u> DATE <u>Aug. 8, 1938</u>		
19. FUNERAL DIRECTOR <u>Walter Meierhofer</u> (ADDRESS) <u>1302 Faraon St. St. Joseph, Mo.</u>		
20. FILED <u>Aug 8, 1938</u> <u>W. H. Meierhofer</u> <u>Local Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6, 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 3, 1938 to Aug 6, 1938
I last saw him alive on Aug 6, 1938 Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:
? Fracture of cervical spine 8/3/38
1867

Other contributory causes of importance:
Diabetes mellitus ?
Arteriosclerosis ?
(General)

Name of operation none Date
What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8/3, 1938
Where did injury occur? at St. Joseph, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall out of bed
Nature of injury ? Fracture of cervical spine

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. T. Bloomer, D.
(Address) 1218 N. 3rd St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Walter H. Kelly, Licensed Embalmer No. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. C. Anderson

None I. E. None

No. _____ or by J. C. Anderson, Registered Apprentice No. 118
working under my personal supervision.

Signed Walter H. Kelly
Licensed Embalmer No. 3946

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.)