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

REC'D SEP 23 1938

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

Do not use this space.

29607

1. PLACE OF DEATH
County Newton
Township Marion
City ..... (No. ..... St. ..... Ward)

73

Registration District No. 615-
Primary Registration District No. 5-817.

File No. .....
Registered No. 9

2. FULL NAME Francis M. Williams 452
(a) Residence, No. Neosho Rt 5 St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mal.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2nd 1868
7. AGE YEARS 70 MONTHS 6 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumberland Co. Ill.

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

MOTHER
15. MAIDEN NAME Sarah ~~Scott~~ Stone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) H B Goodwin Diamond Ro
18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Valley Cem DATE 8-16th 38
19. UNDERTAKER (ADDRESS) Steel Undtk Co Webb City
20. FILED 8-15th 1938 Mrs W D Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-14, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec-1, 1937, to Aug-14, 1938
I last saw him alive on June 1, 1938. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance: Influenza

Name of operation none 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. F. Cheatham, M. D.
(Address) Diamond Mo

895

RECEIVED
District Health Officer No. 6,
District File Number 6-38-98
Date Filed 9-20-38