

DEPT NOV 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Adair*

Registration District No. *1039*

Township *Monroe*

Primary Registration District No. *5010*

City

(No.)

St.

Ward)

2. FULL NAME *Wallace Hoaglin Williams*

(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.

34969

File No.

Registered No. *196*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *10-18-1868*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 0 13

8. 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. *on farm*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *0*

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

13. NAME *John M. Williams*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

15. MAIDEN NAME *Nancy Hoaglin*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

17. INFORMANT: *Orville Williams* (ADDRESS) *Green Castle, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Green Castle* DATE *11-2* 1938

19. UNDERTAKER: *Spencer E. Hunt* (ADDRESS) *Green City, Mo.*

20. FILED *Nov. 4 38* *Spencer Freeman* Registrar. *3*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 31* 19 *38*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 28* 19 *38* to *Oct 31* 19 *38*

I last saw him alive on *Oct 28* 19 *38* 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:

Pericardial effusion
Date of onset *4/2/38*

Other contributory causes of importance: *71A*

Name of operation *None* Date of

What test confirmed diagnosis? *Blood Test* Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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

(Signature) *A. D. Garrison* M. D.

(Address) *Moxing, Mo.*

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.

JAN 1938

RECEIVED

District Health Officer No. 10

District File Number 10-38-415

Date Filed 11/14/38