DEC 3 0 1938

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

39713
Do not use this space.

1. PLACE OF DEATH—
(a) County Livingston — Registration District No. 508
(b) Township Chillicothe — Primary Registration District No. 5674 — Registered No.
(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 Green H 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-10-1856

7. AGE: Years 82 | Months 0 | Days 10 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer Ret
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platt Ter Mo

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

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

17. INFORMANT (ADDRESS) Mary Duffy Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson Cem DATE Nov-22-1938

19. FUNERAL DIRECTOR (ADDRESS) James D Gordon Chillicothe Mo

20. FILED 11/23/1938 Donald M. Powell M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1938, to Nov 20, 1938. I last saw him alive on Nov 20, 1938. Death is said to have occurred on the date stated above, at 6 P.M. The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 6 mos ago

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical — 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
(Signed) M E Hurt M.D.
(Address) Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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

I X12004

STATEMENT BY LICENSED EMBALMER

I, James D Gordon, Licensed Embalmer No. 1870

hereby certify that the body recorded on the reverse side of this certificate was embalmed by —

— L. E. —

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed James D Gordon

Licensed Embalmer No. 1870

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.)