DEC 19 1938

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

Do not use this space.

40018

1. PLACE OF DEATH
County Pettis 2. Registration District No. 668
Township ... Primary Registration District No. 3032
City Sedalia (No. ..., St. ..., Ward)
File No. 324
Registered No. 468

2. FULL NAME Sam Williams

(a) Residence, No. 313 E Niagara 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11-1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	64	3	11	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bunceton Mo.

FATHER
13. NAME Luke Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Edgar Williams (ADDRESS) 313 E Niagara
18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia DATE Nov 17 1938
19. UNDERTAKER Price Mortuary (ADDRESS) 400 E Comp
20. FILED 11/16- 1938 Jesse Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11- 15- 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-10-, 1938, to 11-15-, 1938
I last saw h.m alive on 11-15-, 1938. Death is said to have occurred on the date stated above, at 3:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia	
	11-4

Other contributory causes of importance:

Gunshot wound of right eye & forehead

Name of operation Not Known 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? Accident Date of injury 11-10-, 1938
Where did injury occur? Sedalia Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Shot himself with shot gun
Nature of injury Gunshot wound of right eye & forehead

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) A. R. Maddox, M. D.
(Address) 116½ W. Main

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

10GM-8-38-33

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/7/38