

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.

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 120-
 Township II Primary Registration District No. 3009 File No. 42625
 City Cape Girardeau (No. 12 North Middle) Registered No. 410- Ward

2. FULL NAME Samuel B. Williams

(a) Residence, No. 12 North Middle St., Ward. (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 Male 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 Nellie Dawes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 1 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Raleigh Products Co.

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) Williamson County, Ill.

MOTHER FATHER 13. NAME Br. R. R. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Rebecca Goddard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Lena McCarver
 (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cemt. DATE Jan 2, 1939

19. UNDERTAKER Haman's Funeral Home
 (ADDRESS) Cape Girardeau, Mo.

20. FILED 12-30-38 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1938, to Dec 30, 1938

I last saw him alive on Dec 30, 1938 Death is said to have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows:

Ruptured Aneurysm of the Femoral artery Date of onset 12/26/38

Other contributory causes of importance: Pemecious Anemia about 1935

Name of operation Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 George G. Shalko, M. D.
 (Signed) Cape Girardeau (Address)

