

201 6 1938

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

44023

Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot 2 Registration District No. 684
 (b) Township Bozardoeio 1 Primary Registration District No. 5871 Registered No. _____
 (c) City Deering (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 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Edman Williams
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Liza Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 1890
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 0 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Johns Town /
Miss

FATHER 13. NAME Henry Williams
Tuscula
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala /

MOTHER 15. MAIDEN NAME Nor Sis Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johns Town /
Miss

17. INFORMANT Walter Williams
(ADDRESS) Deering, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deering, Mo. DATE 9/14 1938

19. FUNERAL DIRECTOR German Undt Co.
(ADDRESS) Steele Mo.

20. FILED _____ 19 _____
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/12. 1938 19 _____

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Aug 17 1938
 I last saw him alive on Aug 11 - 38 19_____. Death is said to have occurred on the date stated above, at 12:30 m.

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

Bright's St. disease cum
with leaky heart

Date of onset

Other contributory causes of importance: 12/1

Name of operation _____ 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? _____
 If so, specify D. M. Lewis M. D.
 (Signed) D. M. Lewis (Address) Deering, Mo.

RECEIVED

District Health Officer No. 3,

District File Number 39-61

Date Filed 1-2-39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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.....

Licensed Embalmer No.....

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

44023
Do not use this space.

1. PLACE OF DEATH

(a) County Remiscot Registration District No. 653
(b) Township Braggadocia Primary Registration District No. 5871
(c) City..... (d) Street No.....
(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.

Registered No. 14

2. PRINT FULL NAME Edman Williams

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>m</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Liza Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 27 - 1890</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>0</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Jasper town Lower Miss</u>		
FATHER	13. NAME <u>Henry Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calu</u>	
MOTHER	15. MAIDEN NAME <u>Narsis Collins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jahinetown mo</u>	
17. INFORMANT (ADDRESS) <u>Walter Williams Deering mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deering mo</u> DATE <u>9/14 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Bethann Indt Co Steele mo</u>		
20. FILED <u>3-1 1939</u> <u>J. W. Rhodes</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Aug 17 1938
I first saw him alive on Aug 11 1938. Death is said to have occurred on the date stated above, at 12.5 m.
The principal cause of death and related causes of importance were as follows:
Bright's disease com with leaky heart.

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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? _____
If so, specify _____
(Signed) J. C. McLean M. D.
(Address) Holland mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

