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.

REC'D FEB 25 1939

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

Do not use this space.

File No. 3451

Registered No. 48

1. PLACE OF DEATH
County Pettis — Registration District No. 668
Township — Primary Registration District No. 3832
City Sedalia (No. Bothwell Hosp. 1 St. Ward)

2. FULL NAME John Lawrence Williams

(a) Residence, No. 452 1111 W 3rd. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 - 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	56	11	17	

OCCUPATION

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

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) Dec 27-38

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool England

FATHER

13. NAME John J. Williams

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

MOTHER

15. MAIDEN NAME Mary Minor

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

17. INFORMANT (ADDRESS) Mrs J. L. Williams Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan 20 - 1939

19. UNDERTAKER (ADDRESS) McLaughlin Bros 906 Sedalia

20. FILED Jan 20 1939 Mrs Harry Sneed Registrar. 1-20/39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1938, to Jan 17, 1939
I last saw h... alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 8 45 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis from first and second degree burns of Fourth Extremities and Hands.	
Other contributory causes of importance: 1st and 2nd Degree Burns as stated.	Dec 27 1938

Name of operation None Date of
What test confirmed diagnosis? Tentative was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 27, 1939
Where did injury occur? His shop - Sedalia Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
His shop -
Manner of injury Gasoline took caught at his
Nature of injury clothing on fire -

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Patient is a welder -

(Signed) John B Caverlee M. D.
(Address) Sedalia Mo.

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 7/8/39