

REC'D FEB 11 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. CharlesRegistration District No. 71.0ATownship CuylerPrimary Registration District No. 4455City Wentzville Mo (No. 452)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 8 mos. 2 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Salva Williams6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3-18527. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 8 2OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Foristell
(STATE OR COUNTRY) MoFATHER 13. NAME James Henry Williams14. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY) VirginiaMOTHER 15. MAIDEN NAME Isabell Gray16. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Salva Williams
Wentzville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Wentzville Mo DATE Jan 7 193919. UNDERTAKER (ADDRESS) Wentzville Mo20. FILED Jan-21-39 Gertrude S Foristell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 193922. I HEREBY CERTIFY That I attended deceased from October 1938, to Jan 1939I last saw him alive on Jan 4 1939. Death is said to have occurred on the date stated above, at 3 1/2 m.

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

Myelogenous Leukemia Date of onset 7

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Labortory Was there an autopsy? no23. 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? noIf so, specify _____
(Signed) H. C. Mc Murray M. D.(Address) Wentzville, Mo.

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.

