

REC'D MAR 9 1939

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

6447
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 295-
(b) Township Meramec Primary Registration District No. 4149 Registered No. _____
(c) City Sullivan, Mo. (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.

2. PRINT FULL NAME

George W. Williams,
(a) Residence, No. Sullivan, Mo. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25th. 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 2

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) Decatur, Ill.

FATHER 13. NAME Henry Williams,

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

MOTHER 15. MAIDEN NAME M?artha Young

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

17. INFORMANT Lucinda Williams,
(ADDRESS) Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sullivan, Mo. DATE March, 1st, 39

19. FUNERAL DIRECTOR J. T. Williams,
(ADDRESS) Sullivan, Mo.

20. FILED 2/28 1939 Edgar W. Coffey
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1939 to Feb. 27 1939
I last saw h. alive on Feb. 27 1939 Death is said to have occurred on the date stated above, at 10 a. m.

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

Myocardial
infarction
1931
Other contributory causes of importance: Chronic hypertension?

Name of operation Cor. Date of _____
What test confirmed diagnosis? Cor. Was there an autopsy? no

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) W. P. Durrant, M. D.
(Address) Dr. Durrant

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.

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8

452

295-
4149

218

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.)