

REC'D MAR 15 1939

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

8013
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 838
(b) Township Liberty Primary Registration District No. 6098B
(c) City Dexter R3 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

452 Charlie Washington 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-23-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 1

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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Mo

FATHER 13. NAME John Williams

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

MOTHER 15. MAIDEN NAME Jane Lacy

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

17. INFORMANT (ADDRESS) Delta Williams Dexter Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Deady Cem. DATE 2-25-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. L. Thomas Funeral Home Dexter Mo

20. FILED 3/3 1939 Jennie Burton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24-1939

22. I HEREBY CERTIFY that I attended deceased from Jan. 1st 1939 to Feb. 24th 1939.
I last saw him alive on Feb. 19th 1939. Death is said to have occurred on the date stated above, at 4:50A am.

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

Apoplexy
131

Other contributory causes of importance
Chronic Endocarditis et Parachymous Nephritis Chronic

Name of operation _____ Date of _____

What test confirmed diagnosis? l Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? l 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 _____

(Signed) J. S. Davis, M. D.

(Address) Dexter Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

William C. Shelton

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

William C. Shelton

Licensed Embalmer No. *3929*

P. O. Address

Dexter, mo

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.)

If this body is not embalmed, above space should be left blank.