

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

Do not use this space.

REC'D APR 18 1939

10464

1. PLACE OF DEATH

County Chariton
Township Brunswick
City Brunswick (No. _____)

Registration District No. 169
Primary Registration District No. 5235

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME GEORGE W. WILLIAMS

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Emma Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 29 - 1855</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>3</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmwork</u>	
	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>Brunswick Mo.</u>		
FATHER	13. NAME <u>W. W. Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dover Brunswick</u>	
MOTHER	15. MAIDEN NAME <u>Aden Vickers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dover Brunswick</u>	
17. INFORMANT (ADDRESS) <u>Myrtle Williams Mrs Brunswick</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brunswick Mo.</u> DATE <u>Mar 14 1939</u>		
19. UNDERTAKER (ADDRESS) <u>L. McNeal Brunswick</u>		
20. FILED <u>Mar 13 1939</u> <u>Harry E. Tatum</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1939

22. I HEREBY CERTIFY That I attended deceased from Feb. 15 1939 to Mar. 12 1939
Last saw him alive on Mar 12 1939 Death is said to have occurred on the date stated above, at 2:50 p.m.
The principal cause of death and related causes of importance were as follows:
Softening of brain
Injury to head
Date of onset 2/15

Other contributory causes of importance:
none

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 2/15 1939
Where did injury occur? at home
Brunswick (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
at his barn

Manner of injury fell off ladder
Nature of injury probable fracture of skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Harry E. Tatum M. D.
(Address) Brunswick Mo

WHILE PLAINLY, WITH UNFADING INK, THIS IS A PERMANENT RECORD

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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District Health Officer No. 8,

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