

WRITE 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.

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

Do not use this space.

REC'D JUN 21 1939

1. PLACE OF DEATH

County Henry
Township 452
City Clinton (No. 1)

Registration District No. 347
Primary Registration District No. 3018

File No. 18729
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

Morris Wayne Williams
Clinton Mo Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-24-1939

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) (STATE OR COUNTRY) Clinton Mo

13. NAME Harold Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Mo

15. MAIDEN NAME Margie Gapp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Mo

17. INFORMANT Harold Williams
(ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison Cemetery DATE 5-1-39

19. UNDERTAKER Fred Williams
(ADDRESS) Clinton Mo

20. FILED 5-27-39 D. J. B. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1-39

22. I HEREBY CERTIFY, That I attended deceased from 4-24-39, 1939, to 5-1-39, 1939.

I last saw him alive on 5-1-39, 1939. Death is said

to have occurred on the date stated above, at 2:30 PM.

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

Patent foramen ovale Date of onset birth

Other contributory causes of importance: 1570

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1939

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) Joseph B. Brill, M. D.

(Address) Clinton, Mo.

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RECEIVED

District Health Officer No. 7,

District File Number 7-39-909

Date Filed 6-6-29