

59 JUN 15 1939

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

19404
Do not use this space.

1. PLACE OF DEATH
(a) County Deming Registration District No. 653
(b) Township 1 Primary Registration District No. 4390
(c) City Hayti (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 2 yrs. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME RICK WILLIAMS
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Cal. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/15-1902
7. AGE YEARS 37 MONTHS 2 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labour
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 5/12/39 11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis miss.

FATHER 13. NAME Frank Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Point miss.

MOTHER 15. MAIDEN NAME Catherine Shelton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Point miss.

17. INFORMANT (ADDRESS) Grady Williams Hayti - mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti - mo DATE 5/17/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jan J. Smith Hayti - mo

20. FILED May 16 1939 J. P. Rhodes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1939
22. I HEREBY CERTIFY, That I attended deceased from May 16 1939 to May 16 1939
I last saw him alive on May 16 1939. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

Surgical abdomen Diagnosis not made
Other contributory causes of importance: 200 lb

Date of onset 5-12-39

Name of operation _____ Date of _____
What test confirmed diagnosis? 3rd 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? no
If so, specify _____
(Signed) Asst. Dir. _____, M. D.
(Address) Hayti - 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.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
ALBANY, N. Y.

RECEIVED
District Health Officer No. _____
District File Number 99-38
Date Filed 6/10/99

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, _____

_____, or by _____

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.