REC'D JUL 17 1939

Dr Poor.

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

22368
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Joplin
Registration District No. 411
Primary Registration District No. 2002 Registered No.
(d) Street No. St Johns Hospital 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 67 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME CHARLES THOMAS WILLIAMS.
(a) Residence, No. 1828 Joplin St.
(Usual place of abode. If no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Ann.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1850.
7. AGE: Years 88 Months 11 Days 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Mine Opr.
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) Wisconsin

FATHER
13. NAME James Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Myra Gleason.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) E. A. Williams Jefferson City, Tenn.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mt. Hope Cem. DATE June 8, 1939
19. FUNERAL DIRECTOR (NAME) Lanphier Mortuary (ADDRESS) Joplin Mo.
20. FILED 6-7, 1939 [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1939.
22. I HEREBY CERTIFY, That I attended deceased from June 4, 1939, to June 5, 1939. Last saw him alive on June 5, 1939. Death is said to have occurred on the date stated above, at 8:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	5-10 yrs.
Acute Uremic Retention	
& Shock & Cardiac	
collapse —	1 day —

Other contributory causes of importance: Senility

Name of operation None Date of
What test confirmed diagnosis? Physical 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. No
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) Joplin, Mo.

Licensed Embalmer's Statement on Reverse Side.

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.

RECEIVED
District Health Officer No. 6,
District File Number 739-1416
Date Filed JUL 10 1939

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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