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.

REC'D AUG 10 1939

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

Do not use this space.

24910

1. PLACE OF DEATH

4 County Audrain

Township ~~Saltriver~~

4 City Mexico Mo

2 Registration District No. 26

Primary Registration District No. 3002

(No. 722 E. Bolivar St. Ward)

File No.

Registered No. 99

2 452 2. FULL NAME Frank Williams

(a) Residence, No. 722 E. Bolivar St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-4-1888

7. AGE: YEARS 50 MONTHS II DAYS I If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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. General Labor

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) Mexico - Mo 0

FATHER

13. NAME Henry Williams 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Mo 0

MOTHER

15. MAIDEN NAME Ella Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton, Mo

17. INFORMANT (ADDRESS) Sam Williams ~~Mexico Mo~~

18. BURIAL, CREMATION, OR REMOVAL PLACE ~~Elmwood~~ Mexico Mo DATE 9-7-39 19

19. UNDERTAKER (ADDRESS) AL. Reynolds Jr Mexico, Mo

20. FILED July 5 1939 Blanche Neely Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-20- 1939 to July 5 - 1939

I last saw him alive on July 4 1939 Death is said to have occurred on the date stated above, at 3 a. m.

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

~~Date~~ Pulmonary tuberculosis 23 — Date of onset Indefinite

Other contributory causes of importance: Influenza April 1939

Name of operation — Date of —

What test confirmed diagnosis? — 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) J. F. Harrison, M. D.

23 (Address) Mexico Mo

RECEIVED
District Health Officer No. 10
District File Number 8-39-1400
Date Filed AUG 8 1939