

35 AUG 16 1939

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

26391  
Do not use this space.

1. PLACE OF DEATH

(a) County NODAWAY Registration District No. 625  
(b) Township \_\_\_\_\_ Primary Registration District No. 3031 Registered No. 103  
(c) City MARYVILLE (d) Street No. ST. FRANCIS 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME WILLIAM EDWIN WILLIAMS

(a) Residence, No. \_\_\_\_\_ St.  ELMO Mo.  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 27, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
67 9 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Produce Merchant  
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 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TASWELL Co. VA.

FATHER 13. NAME TITIS V. WILLIAMS.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known.

MOTHER 15. MAIDEN NAME SALLA GORGE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known.

17. INFORMANT MRS. MATTIE WILLIAMS.  
(ADDRESS) ELMO, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE LAMAR CEMETERY DATE JULY 23, 1939

19. FUNERAL DIRECTOR (NAME) PRICE FUNERAL HOME.  
(ADDRESS) MARYVILLE Mo.

20. FILED 7-22 1939 Mamie E. Clardy  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 16<sup>th</sup> 1939 to July 21, 1939  
I last saw him alive on July 21, 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:

Interstital nephritis Date of onset 1939  
arteriosclerosis  
hypertension  
coronary atherosclerosis  
decreased knowledge

Other contributory causes of importance:

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 \_\_\_\_\_, 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?  
If so, specify 6 Edgewood M.D.  
(Signed) Wade W. Edwards  
(Address) Wade W. Edwards, M.D., Maryville 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.

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RECEIVED  
District Health Officer No. 71  
District File Number  
Date Filed AUG 14 1999 839-1069

**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 John W. Price  
Licensed Embalmer No. 3229  
P.O. Address Maryville Mo

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

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