

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

32109
Do not use this space.

1. PLACE OF DEATH ² *nodaway* Registration District No. *618*
 (a) County *nodaway* 1
 (b) Township _____ Primary Registration District No. *4369*
 (c) City *Burlington Jct* (d) Street No. _____ Registered No. *5*
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *452 Samuel Hicks Williams*
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *w.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ellen E. Williams*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 13, 1854*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 6 7
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Wife*
 9. Industry or business in which work was done, as saw mill, bank, etc. *Retired Farmer*
 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) *Hillsboro Ind. 1*
 FATHER 13. NAME *James Williams 1*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio 1*
 MOTHER 15. MAIDEN NAME *Ann Mc New 1*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio 1*
 17. INFORMANT (ADDRESS) *Sam R Williams B. J. Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Ohio Cemetery* DATE *Sept. 22 1939*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Price Funeral Home Marysville Mo.*
 20. FILED *9/22 1939* *J. H. Ham* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 20 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *Sept 20 1939 to Sept 20 1939*
 I declare that the above is true and correct. Death is said to have occurred on the date stated above, at *7 a. m.*
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion Date of onset _____
 Other contributory causes of importance: *94 1/2*
Seriaty
 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) *B. J. Byland* M. D.
 (Address) *Burlington Jct 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.

RECEIVED

District Health Officer No. 11A

1039-1259

OCT. 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.....

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 comply with the above constitutes grounds for revocation of license.)

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