

Oct 10 1939

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

33611
Do not use this space.

1. PLACE OF DEATH
 (a) County Saline / Registration District No. 796
 (b) Township Marshall / Primary Registration District No. 3038
 (c) City Marshall / (d) Street No. Fitzgibbons 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wesley S. Williams
 (a) Residence, No. Nelson, Missouri 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1872

7. AGE YEARS 67 MONTHS 0 DAYS 19 IF LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
 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) Cooper County
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME E. Williams
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sophie Thomas
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Iola Parrish
 (ADDRESS) Nelson, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Nelson Cemetery DATE Sept. 19, 1939

19. FUNERAL DIRECTOR (NAME) L. J. Meister
 (ADDRESS) Boonville Missouri

20. FILED 9-18-39 Mary Kent
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1939

22. I HEREBY CERTIFY, that I attended deceased from Sept 14 1939, to Sept 15 1939.
 I last saw him alive on Sept 15 1939. Death is said to have occurred on the date stated above, at 10.15 P.M.
 The principal cause of death and related causes of importance were as follows:
Heart Stromulated
hemis e obstruction Sept 11

Date of onset

Other contributory causes of importance: 12 2 2

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) [Signature] M. D.
 (Address) Marshall Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Physicians should state EXACTLY. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE should be written in plain terms, so that it may be properly classified.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 10/2/39

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Wm Ferguson

Licensed Embalmer No. 3350

P. O. Address Boonville, 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.