

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

42690  
Do not use this space.

1. PLACE OF DEATH Boston 2  
 (a) County Boston 1 Registration District No. 40  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4024 Registered No. 52  
 (c) City Lamar Mo (d) Street No. \_\_\_\_\_ St.  
 (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 LEANDER HARRISON WILLIAMS  
 (a) Residence, No. Lamar Mo 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Williams  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-25-1965  
 7. AGE YEARS 73 MONTHS 2 DAYS 8 If LESS than 1 day, .....hrs. or .....min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. 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) Pike Co. Mo. 0

FATHER 13. NAME Jason Williams 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 0

MOTHER 15. MAIDEN NAME Virginia Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT (ADDRESS) Edgar Williams Sheldon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St James Cemetery DATE Dec 4 1939

19. FUNERAL DIRECTOR (ADDRESS) E. B. Beery & Sons Sheldon Mo.

20. FILED Dec 4 1939 Mrs. Josephine Mynatt (Address) Lamar Mo.  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1939 to Dec 3, 1939  
 I last saw him alive on Nov 26, 1939 Death is said to have occurred on the date stated above, at 5:15 Am.

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

Cerebral Hemorrhage  
 Date of onset Dec 3 1939  
g. J. W.

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 \_\_\_\_\_  
 (Signed) E. C. Duckett, M. D.  
Lamar 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. 6,

District File Number 140-99

Date Filed JAN 9 1940

STATEMENT BY LICENSED EMBALMER

I, Carroll T. Berry, Licensed Embalmer No. 2385  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by  
L. E. Was Not Embalmed  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Carroll T. Berry  
Licensed Embalmer No. 2385

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.)