

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.

JAN 15 1940

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

4282
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township Sedalia Primary Registration District No. 3032
(c) City Sedalia (d) Street No. 8th 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 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

452 HARVEY THOMAS 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nell Carter Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 1857
7. AGE YEARS 82 MONTHS 2 DAYS 18 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attorney
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) Nov. 1939 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailles Missouri
13. NAME Robert Boyd Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County Missouri
15. MAIDEN NAME Emily Ard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynes County Kentucky
17. INFORMANT (ADDRESS) Charles Williams Sedalia, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Dec 11 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) M. Langlin Bros Sedalia
20. FILED Dec 11 1939 Mrs. Harry Sneed Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1939 to Dec 7 1939
I last saw him alive on Nov 7 1939 Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Impo - Cardiac

Date of onset
Nov 24 1939

Other contributory causes of importance:

Cerebral Hemorrhage
arterio-sclerosis

Name of operation none Date of none
What test confirmed diagnosis? Chemo Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 4 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) Chas. Williams, M. D.
(Address) Sedalia, Mo.

AUG 20 1944

RECEIVED
St. Health Officer No. 8,
File Number 94/4117

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.....

Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.