DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2017

Registration District No. 165 | Primary Registration District No. 5930 | Registrar's No. 3

FILED FEB 7 1940

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: All of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: missouri (b) County: Cedar
(c) City or town: Stockton
(If outside city or town limits, write "RURAL")
Rural
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Eliga B. Williams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alice L. Williams
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: Feb. (Month) 11 (Day) 1861 (Year)

8. AGE: Years 77 | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace: ~~XXXXXXXX~~ Cedar County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
FATHER 12. Name: Rimer Williams
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Boswell
15. Birthplace: Unknown (City, town, or country) (State or foreign country)
16. (a) Informant's own signature: x G. S. Campbell
(b) Address: Dunnegan, Mo.
17. (a) Allder (Burial, cremation, or removal) (b) Date thereof: 1-14-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Allder
18. (a) Signature of funeral director: H. C. Davis + Co.
(b) Address: Stockton, Mo.
19. (a) Jan 17 1940 (Date received local registrar) (b) Mrs Minnie Barleton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14 year 1940 hour 9 minute A. M.
21. I hereby certify that I attended the deceased from Oct, 1939, to Dec, 1939; that I last saw him alive on Dec 20, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Advanced Arteriosclerosis	years
Cerebral Hemorrhage	8 mos
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Roscoe C. Newins (M. D. or other)
Address: Humansville Mo Date signed 1-16-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

Rev. 5-17-39
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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 C. N. Neale

Licensed Embalmer No. 3335

P. O. Address Stockton, Me

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.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

Do not use this space.

1. PLACE OF DEATH
   (a) County Cedar — Registration District No. 165
   (b) Township Jefferson — Primary Registration District No. 5230 — Registered No.
   (c) City — (d) Street No. — 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 Eliza B. Williams
   (a) Residence, No. — St. (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) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) -11-1861
7. AGE — YEARS — MONTHS — DAYS 3 — 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.
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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE — 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 17, 1940 Mrs Minnie Corleton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19....
I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

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) Roscoe C Nevins, M. D.
(Address) Humansville Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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