

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

11254
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 402
 (b) Township Wm - A - Bar Primary Registration District No. 4237-53518 Registered No. 6
 (c) City Brown Valley (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 Edward Franklin Williams
 (a) Residence, No. Bar 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma M. Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 11
 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) Ky.
 FATHER 13. NAME Elijah Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 MOTHER 15. MAIDEN NAME Sarah J. Sandifer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 17. INFORMANT Otis G. Williams
 (ADDRESS) Brown Valley Mo.
 18. BURIAL, CREMATION, OR REMOVAL Brown Springs, Mo. DATE 1/26 1940
 19. FUNERAL DIRECTOR (NAME) J. H. Goulet
 (ADDRESS) Oak Grove, Mo.
 20. FILED Mar 18 1940 Met. A. H. Moore
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/24 - 1940
 22. I HEREBY CERTIFY, That I attended deceased from 1/22, 1940, to 1/24, 1940
 I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at 11: P. m.
 The principal cause of death and related causes of importance were as follows:
Senile infir-
mities
 Date of onset _____
 Other contributory causes of importance: 162
 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) J. H. Goulet Mo.
 (Address) 364 Brown Valley, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

APR 23 1940

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,

Z. D. Webb

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Z. D. Webb

Licensed Embalmer No. *2352*

P. O. Address *Oak Grove 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.