

RECD OCT 12 1940

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

Do not use this space.

31522

1. PLACE OF DEATH

County Butler
Township Ash Hill
City New Branch (No. _____)

Registration District No. 89
Primary Registration District No. 5134A

File No. _____
Registered No. 280 St. _____ Ward _____

2. FULL NAME DAVID RUSUS HAYS WILLIAMS,

(a) Residence, No. New Branch St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 NELLIE WILLIAMS, 1877
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 - 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 - 7 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, 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) Ill. 1

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

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

17. INFORMANT Alexander Williams
(ADDRESS) Branch 110

18. BURIAL, CREMATION, OR REMOVAL PLACE Branch 110 DATE 9-12 1940

19. UNDERTAKER Tanias Funeral Service
(ADDRESS) Campbell 110

20. FILED 9-13 1940 W. C. Uttinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-12 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1940, to Sept 11 1940

I last saw him alive on Sept-11 1940. Death is said to have occurred on the date stated above, at 7-P m.

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

Apoplexy Date of onset 9-11-40

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) A. C. Camp M. D.
(Address) Branch 110

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.

