

DEC 12 1940

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

Do not use this space.

1. PLACE OF DEATH  
 County Butler Registration District No. 89 File No. 38242  
 Township Poplar Bluff Primary Registration District No. 3007 Registered No. 354  
 City Poplar Bluff (No. 3) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Earl B. Williams Benjamin Earl Williams  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Poplar Ark R1  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 6 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 11, 1924</u>		
7. AGE YEARS <u>16</u>	MONTHS <u>1</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School boy</u>		11. Total time (years) spent in this occupation _____
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) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poplar Ark 1</u>		
13. NAME <u>Edgar Williams 1</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark 6</u>		
15. MAIDEN NAME <u>Anna Pleasant</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Campbell mo</u>		
17. INFORMANT (ADDRESS) <u>Edgar Williams</u> <u>Poplar Ark R1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope - Poplar</u> DATE <u>11-22</u> 19 <u>40</u>		
19. UNDERTAKER (ADDRESS) <u>Jernigan, F. Home</u> <u>Poplar Ark</u>		
20. FILED <u>11/25</u> 19 <u>40</u> <u>Edutsinger</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1940, to November 21, 1940  
 I last saw him alive on November 21, 1940. Death is said to have occurred on the date stated above, at 2:25 P.  
 The principal cause of death and related causes of importance were as follows:  
Acute cardiac failure with meningitis Date of onset 11/20  
40

Other contributory causes of importance: Cerebro-spinal meningitis 11/15/40

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? NO  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. [Signature] M. D.  
 (Address) Poplar Bluff, 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 importa

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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38242  
Registrar's No. 354

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 89

Primary Registration District No. 3007

ROWENA MOORE

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

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(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 \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Bery Earl Williams

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
16 1 10 \_\_\_\_\_ min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U.S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month Nov day 21  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Cardiac failure with meningitis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Cerebro spinal meningitis  
(Include pregnancy within 3 months of death)

Major findings: gitis epidemic

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?  
While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature W. H. ... (M. D. certificate)  
Address Poplar Bluff Mo Date signed 2-4-41

SUPPLEMENTAL

