DEC 16 1940

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

39977
Do not use this space.

1. PLACE OF DEATH

(a) County TANEY Registration District No. 861

(b) Township Beaver Primary Registration District No. 6127 Registered No. 31

or

(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 RILEY UDELL WILLIAMS

(a) Residence, No. Bradleyville Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	White	Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 23, 1938

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	11	29	

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) TANEY CO.

FATHER

13. NAME NEWMAN WILLIAMS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TANEY CO. Missouri

MOTHER

15. MAIDEN NAME BERTHA SELVEGE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TANEY CO. Missouri

17. INFORMANT (ADDRESS) NEWMAN WILLIAMS BRADLEYVILLE, MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE BRADLEYVILLE DATE NOV. 23, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) None 773

20. FILED 11-23, 1940 Irene B. Reynolds Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 21th, 1940, to Nov 20th, 1940

I last saw him alive on Nov 20th, 1940 Death is said to have occurred on the date stated above, at 6 15 a.m.

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

Streptococcus following tonsillitis (Gift)

Date of onset Nov 17th 1940

Other contributory causes of importance:

194 W

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) [signature], M. D.

(Address) [signature]

(Licensed Embalmer's Statement on Reverse Side)

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.

I X16605

RECEIVED
District Health Officer No. 6
District File Number 1960-3025
Date Filed DEC 12 1960

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.....

Licensed Embalmer No.....

P. O. Address.....

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.