

FEB 20 1940

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

Do not use this space.

2363

1. PLACE OF DEATH

County Crawford  
Township Boone  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 229  
Primary Registration District No. 5211

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Albert Williams

(a) Residence, No. \_\_\_\_\_ St. 0 Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>1 married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sophia Yeath</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 8 - 1859</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>10</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	11. Total time (years) spent in this occupation <u>Life</u>
	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) <u>1938</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford Co Mo</u>		
FATHER	13. NAME <u>George Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
MOTHER	15. MAIDEN NAME <u>Mary Harmon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
17. INFORMANT (ADDRESS) <u>Mrs Sophia Williams Bourbon Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bourbon Mo</u> DATE <u>Dec 19 40</u>		
19. UNDERTAKER (ADDRESS) <u>Edgar W. Laffoon Linnstromburg Mo</u> <u>Shelburne Mo</u>		
20. FILED <u>Jan 12 1940</u> <u>C. W. Adams</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1940 to Dec 17 1940  
I last saw him alive on Dec 9 1940 Death is said to have occurred on the date stated above, at 1 A m.  
The principal cause of death and related causes of importance were as follows:  
Apoplexy  
Date of onset 2 weeks

Other contributory causes of importance  
Stenosis & Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis physical 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 R. P. Poyser M. D.  
Sullivan  
(Address) \_\_\_\_\_

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 hereby certify that the body whose  
name is recorded on the reverse side  
of this certificate was embalmed by  
me

Edgar W. Laffoon  
Licensed Embalmer # 3294  
Sullivan, Mo.

RECEIVED

District Health Officer No. 5,

District File Number 241310

Date Filed \_\_\_\_\_

~~84~~ 10-19

1889-1-18-

1940 12-17

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