

FILED FEB 18 1941

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

4586

Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 840
 (b) Township Duquoin Primary Registration District No. 6102 Registered No. 3 10 5
 (c) City Paris - Mo (d) Street No. _____ (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

(a) Residence, No. H.C. McWilliams
7-MO-1 Paris St. Mo (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 OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1 married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1883
 7. AGE YEARS 58 MONTHS _____ DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Portagenville, Mo

13. NAME George Mc Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Nancy Coffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (NAME) (ADDRESS) Mahalia McWilliams
Paris Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Hill DATE Jan 13 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Funeral
Paris Mo

20. FILED 1-10-41 1941 Leanna Lyant
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 12 1941 7:00 PM

22. I HEREBY CERTIFY, that I attended deceased from Jan. 7 1941, to Jan. 12 1941, 1941
 I first saw h. / M. alive on Jan. 7 1941 Death is said to have occurred on the date stated above, at 7:00 P.M.

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

Bronchial Pneumonia of both Lungs.
117 N

Other contributory causes of importance: Ulcers of the stomach

Name of operation none Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1941

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) Dr. J. H. N. Nubert

(Address) Paris, Missouri

RECEIVED

District Health Officer No. 2,

District File Number 241-154

Date Filed 2/5/41

W. J. ...

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,

Vergil H. Welch

....., or by

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

Signed

Vergil H. Welch

Licensed Embalmer No. 4102

P. O. Address Depler - 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.