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.

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

Do not use this space.

25872

File No.
Registered No.

1. PLACE OF DEATH
County: Platte
Township: Platte
City: (No. 1, St., Ward)
Registration District No. 695
Primary Registration District No. 5922

2. FULL NAME: Douglas W. Williams
(a) Residence, No. Parkville Mo 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 21-1939
7. AGE: Years 1 Months 7 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Parkville Mo

FATHER
13. NAME: Lesley Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belhaven Mo

MOTHER
15. MAIDEN NAME: Fern V. Cole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Dakota

17. INFORMANT (ADDRESS): Lesley Williams Parkville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Parkville DATE: 7-18-41, 19
19. UNDERTAKER (ADDRESS): Norton K.C. Mo.
20. FILED: 7-18, 1941, S. A. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 17, 1941
22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1941, to June 30, 1941
I last saw him alive on June 30, 1941. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	1-20-41

Other contributory causes of importance:
Empyema

Name of operation: 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, 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) S. P. Fox M. D.
(Address) Parkville Mo