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.

FILED MAY 29 1943

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

Do not use this space. 18348 18348

1. PLACE OF DEATH
County Macon — Registration District No. 204 — File No.
Township — Primary Registration District No. 4315 — Registered No.
City La Plata (No. , St. Ward)

2. FULL NAME William Edgar Williams
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 0
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1 Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 — 1898
7. AGE YEARS 44 MONTHS 6 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) La Plata Missouri

FATHER
13. NAME James Henry Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Rosa Breeding
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 1

17. INFORMANT (ADDRESS) Nola Williams La Plata Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Yarrow Cemetery DATE Aug 7 1942
19. UNDERTAKER (ADDRESS) D. S. Christie La Plata Missouri
20. FILED Aug 8, 1942 Ola B. Webber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1942 to Aug 5, 1942
I last saw him alive on Aug 5, 1942 Death is said to have occurred on the date stated above, at 8:15 P.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis — Date of onset
13 b 1

Other contributory causes of importance:
Diabetes Mellitus

Name of operation None 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) Ralph W. Gillet 2, M. D.
(Address) La Plata Missouri

JUN 1 1964

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