

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.

DEC 20 1943

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

Do not use this space.

## 1. PLACE OF DEATH

County GascoigneTownship RehlandCity Gascoigne (No. \_\_\_\_\_)Registration District No. 119Primary Registration District No. 4191File No. 44-15-14

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Donald Ray 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

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1943

## 7. AGE

YEARS ✓MONTHS ✓DAYS ✓If LESS than 1 day, 3 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) Gascoigne, mo

## FATHER

13. NAME Carl Williams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gascoigne, mo

## MOTHER

15. MAIDEN NAME Lorayne Dugger16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, mo17. INFORMANT (ADDRESS) Carl Williams

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Gascoigne DATE Oct 3 - 194319. UNDERTAKER (ADDRESS) Hugo Blumer20. FILED Dec 14, 1943A. H. Siedler Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2-194322. I HEREBY CERTIFY, That I attended deceased from Oct 2 - 1943 to Oct 2 - 1943I last saw him alive on Oct 2 - 1943. Death is saidto have occurred on the date stated above, at 1:19 a.m.

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

atelectasis

Date of onset \_\_\_\_\_

Other contributory causes of importance: 16/aName of operation ✓

Date of \_\_\_\_\_

What test confirmed diagnosis? ✓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 ✓, 1943

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 Tuberculosis(Signed) Howard Harkman, M. D.(Address) Hermann mo12/13/43

