

JUL 27 1937

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

Do not use this space.

23511

1. PLACE OF DEATH  
 26 County Cole Registration District No. 213  
 Township ..... Primary Registration District No. 3014  
 8 City Jefferson (No. .... St. .... Ward) (Usual place of abode)  
 2. FULL NAME John Albert Williams  
 (a) Residence, No. 208 Pine St. St. .... Ward. .... (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) Oct. 18 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
61 7 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor  
 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) Unknown

13. NAME James Clark Williams

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

15. MAIDEN NAME Melissa Hobach

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

17. INFORMANT Ella Fairchild (ADDRESS) Jefferson City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem Cemetery DATE 6-6-1937

19. UNDERTAKER Dawson & Tanner (ADDRESS) Jefferson City, Mo

20. FILED 6/7/37 W. B. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1937

22. I HEREBY CERTIFY that I attended deceased from May 10, 1937 to June 4, 1937  
 I last saw him alive on July 2, 1937 Death is said to have occurred on the date stated above, at 6 P.M.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Name 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 ..... 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) J. B. ... M.D.  
 (Address) Jefferson City, Mo

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.

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