

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

Do not use this space.

26804

1. PLACE OF DEATH

County Moniteau
Township Walker
City California (No. _____)

Registration District No. 571
Primary Registration District No. 4333

File No. _____
Registered No. 40 St. _____ Ward)

2. FULL NAME

(a) Residence, No. California St., _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF _____
(OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14 - 1874

7. AGE YEARS 55 MONTHS 7 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance 140

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) California (STATE OR COUNTRY) mo

13. NAME John M. Williams

14. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Alice Stoward

16. BIRTHPLACE (CITY OR TOWN) Cooper County (STATE OR COUNTRY) Mo

17. INFORMANT Robert Williams (ADDRESS) St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL burial PLACE California Mo DATE Aug 10 19 32

19. UNDERTAKER J. W. Wilson & Son (ADDRESS) California Mo

20. FILED Aug 9 19 32 Geo. N. Roth Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8 19 32

22. I HEREBY CERTIFY, That I attended deceased from 11:40 19 32 to 1:00 19 32

I last saw him alive on Aug 7 19 32 Death is said

to have occurred on the date stated above, at 7:30 P.M.

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

Date of onset _____

White mangelion

940

Other contributory causes of importance: _____

Machine Elector

Name of operation _____ 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) L. S. Wiley M. D.

(Address) _____

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.

SEP 24 1932

