

APR 21 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11860

1. PLACE OF DEATH

County MonticauRegistration District No. 577Township Cent GrovePrimary Registration District No. 5725City Cent Grove(No. 1)File No. 7Registered No. 7St. Mo Ward 1

2. FULL NAME

(a) Residence, No. William Thompson WilliamsSt. MoWard. 1

(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

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Kate Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 31-1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

66115

OCCUPATION

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

Farmer

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)

Monticau Co

FATHER

13. NAME

W. M. Williams

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

Mo

MOTHER

15. MAIDEN NAME

Martha Jane Budang

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

Cooper Co Mo

17. INFORMANT (ADDRESS)

Kate Williams

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Springer

DATE

3/17 1936

19. UNDERTAKER (ADDRESS)

Williams & Freedmeyer

20. FILED

Apr 10 1936 Maude Robertson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15, 193622. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1936, to Mar 15, 1936I last saw him alive on Mar 14, 1936 Death is saidto have occurred on the date stated above, at 1 A. m.

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

Bronchial pneumonia,
Yellowing, Influenza,
Both things.Cause unknown

Other contributory causes of importance:

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 L. L. Sachan, M. D.(Signed) L. L. Sachan (Address) California 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.

