

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.

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

PLACE OF DEATH

County Stoddard
Township Pitca
or
Village Advance
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 834 File No. 36587
Primary Registration District No. 6097a Registered No. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Francis M. Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)

DATE OF BIRTH Jan 1st 1826
(Month) (Day) (Year)

AGE 84 yrs 10 mos 28 ds If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): 953 Adhalway Heights

BIRTHPLACE (City or town, State or foreign country) Cape Girardeau Mo

PARENTS
NAME OF FATHER Joseph A. Williams
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
MAIDEN NAME OF MOTHER Elizabeth Hancock
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Georgia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. W. Williams
(ADDRESS) Cape Girardeau Mo

Filed Nov 25 1910 Chas Moore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 1st 1910, to Nov 25 1910, that I last saw him alive on Nov 24 1910, and that death occurred, on the date stated above, at 7:20 a.m.
The CAUSE OF DEATH* was as follows:

Contributory Edema of Lungs
(Duration) 5 yrs — mos. — ds.
(SECONDARY) (Duration) ___ yrs. — mos. — ds.
(Signed) P. R. Williams M. D.
Nov 25 1910 (Address) Cape Girardeau Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Cape Girardeau Mo DATE OF BURIAL Nov 27 1910
UNDERTAKER Al Brinkhoff ADDRESS Cape Girardeau

