

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

Do not use this space.

20687

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. OCCUPATION should be stated EXACTLY.

AUG 18 1927

PLACE OF DEATH

County.....Buonhannan.....

Registration District No.....85.....

File No.....20687.....

Township.....

Primary Registration District No.....1001.....

Registered No.....705.....

City.....St. Joseph.....

(No. 622 North 4th Street..... St. .... Ward)

2. FULL NAME Simon B. Williams.

(a) Residence. No. 622 North 4th Street. St. .... Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 19 27

17. I HEREBY CERTIFY, That I attended deceased from Viewed July 11 19 27, to 11 19 27, and that death occurred, on the date stated above, at 11:45 A.m.

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

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Poisoned by Carbolio acid  
self administered  
(suicide)

16. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown About 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 0 0 0

CONTRIBUTORY (SECONDARY) 166

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Common Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

9. BIRTHPLACE (CITY OR TOWN) Unknown.  
(STATE OR COUNTRY) Unknown.

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Past tenetings

(Signed) Wm. J. Carey, M. D.

7/2, 19 27 (Address) St Joseph Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

10. NAME OF FATHER Dick Williams.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.  
(STATE OR COUNTRY) Ohio.

12. MAIDEN NAME OF MOTHER Mary Ann Monery.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.  
(STATE OR COUNTRY) Ohio.

14. INFORMANT Glen Jolley.  
(Address) McFall Missouri.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL McFall Missouri DATE OF BURIAL July 11, 1927

15. FILED John J. [Signature] REGISTRAR

20. UNDERTAKER H. C. Oedenfaden ADDRESS 1802 Union St.

