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

Do not use this space.

✓ 31207

1. PLACE OF DEATH

County: Platte — Registration District No.: 692

Township: Green — Primary Registration District No.: 5919B

City: ..... (No. ....., ..., St. ....., Ward)

File No.: .....

Registered No.: .....

2. FULL NAME: James S. Williams

(a) Residence. No. ..... St., ... Ward. .....
(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: White

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 21-1842

7. AGE: Years 85 — Months 9 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer (duration) 2 yrs. X mos. X ds.

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

(c) Name of employer: Self

CONTRIBUTORY (SECONDARY): None known (duration) X yrs. X mos. X ds.

9. BIRTHPLACE (CITY OR TOWN): New Market
(STATE OR COUNTRY): Platte Co. Mo.

PARENTS

10. NAME OF FATHER: John W. Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Kentucky

12. MAIDEN NAME OF MOTHER: Julia Burgess

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Mrs. Jim Adams
(Address): Dearborn, Mo.

15. FILED: Nov 3 1927 — M. A. Moore, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct-28-1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1925, to Oct 28, 1927, that I last saw h. alive on Oct 27, 1927, and that death occurred, on the date stated above, at 11 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF: None

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None made

(Signed) Jos. M. Hale, M. D.

Oct. 29 1927 (Address) Dearborn, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Market Mo. — DATE OF BURIAL: 10/30 1927

20. UNDERTAKER: W. H. Rollins — ADDRESS: Edgerton

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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

1. PLACE OF DEATH.
County Platte — Registration District No. 692 — File No.
Township Green — Primary Registration District No. 5919 — Registered No.
City (No. , St. Ward)

2. FULL NAME James L. Williams
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE: 85 Years — Months: 9 — Days: 7 — If LESS than 1 day, hrs. or X min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer retired
(b) General nature of industry, business, or establishment in which employed (or employer): Farming
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Market Mo

PARENTS
10. NAME OF FATHER: John W. Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Julia Burgess
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Mrs James Adams
(Address) Dearborn Mo

15. X FILED Nov 3, 1927 — M. H. Moore, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 28 — 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1 — 1927, to Oct 28 — 1927 that I last saw him alive on Oct 27 — 1927, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis
X Paraplegia
(duration) 2 yrs. X mos. X ds.

CONTRIBUTORY (SECONDARY): Dour Snow
(duration) X yrs. X mos. X ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At home
DID AN OPERATION PRECEDE DEATH? No DATE OF None
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None Made
(Signed) Jos. M. Hale, M. D
Oct 28 1927 (Address) Dearborn, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Market Mo — DATE OF BURIAL: Oct 28 1927

20. UNDERTAKER: W. H. Collins — ADDRESS: Edgerton Mo

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