

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

Do not use this space.
Fessenden
21187

JUL 25 1929
 PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.
 N. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
 CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUL 25 1929

PLACE OF DEATH

County *Greene* Registration District No. *318*
 Township *Springfield* Primary Registration District No. *2009*
 City *Springfield* (No. *2534*) *Howard* St. _____ Ward _____

File No. _____
 Registered No. *2076*
 St. _____ Ward _____

2. FULL NAME *John G. Williams*
 (a) Residence. No. *2534* *Howard* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Nora Williams*
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 2-1859*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 1

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

9. BIRTHPLACE (CITY OR TOWN) *Ind*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Unknown*

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

12. MAIDEN NAME OF MOTHER *Martha Nicholas*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Ind*
 (STATE OR COUNTRY)

14. INFORMANT *Virgel Williams*
 (Address) *Springfield, Mo.*

15. FILED *6-3-1929* *W. Far Sharp* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 3 1929*
 17. I HEREBY CERTIFY, That I attended deceased from *June 3*, 1929, to *June 3*, 1929
 that I last saw him alive on *June 3*, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
87A Apoplexy
 (duration) yrs. mos. da. *1*

CONTRIBUTORY *General Arteriosclerosis*
 (SECONDARY) (duration) yrs. mos. da. *3*

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

DID AN OPERATION PRECEDE DEATH? *No.* DATE OF _____
 WAS THERE AN AUTOPSY? *No.*

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *F. Fessenden*, M. D.

June 3, 1929 (Address) *Springfield 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 *Wt Comfort Cem* DATE OF BURIAL *6-4-1929*

20. UNDERTAKER *J. W. Klingner* ADDRESS *No. 4246 Paul St. Springfield, Mo.*

