

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

Do not use this space.

24367

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No.

Township Springfield

Primary Registration District No. 205

Registered No. 550

City Springfield (No. 534)

E. Pine St.

St. Ward

2. FULL NAME

John Williams

(a) Residence. No. 534 E. Pine 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25, 1929

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

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929 to July 25, 1929 that I last saw him alive on July 10, 1929, and that death occurred, on the date stated above, at 10:30 p.m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 66 unknown

Apoplexy chronic
(Post-operative Phlebotomy)

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Janitor (b) General nature of industry, business, or establishment in which employed (or employer) 131 (c) Name of employer 131

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 129 W

10. NAME OF FATHER Unknown

DID AN OPERATION PRECEDE DEATH? DATE OF

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL Hazelwood Cem July 25, 1929

12. MAIDEN NAME OF MOTHER Unknown

20. UNDERTAKER ADDRESS W. H. Campbell 867 Wash

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

14. INFORMANT Marie Green (Address) 914 E. Calhoun

15. FILED 7-28-29 J. M. Sharp REGISTRAR

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.

Dr. Meyer

31

1929
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