

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

Do not use this space.

380

**1. PLACE OF DEATH**

County Cullman  
Township Cullman  
City Cullman (No. ....)

Registration District No. 109  
Primary Registration District No. 5-15-9

File No. ....  
Registered No. 464  
St. .... Ward)

**2. FULL NAME**

Infant (William)

(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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-20-1930

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

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

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER George G. Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Jean Baldwin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo

14. INFORMANT George G. Williams  
(Address) New Bloomfield Mo

15. FILED 2/10, 1930. Paul Ruck  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-21 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1930, to Jan 21, 1930, that I last saw h. .... alive on Jan 21, 1930, and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Accidents of Birth  
16 1/2 (duration) yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) none, (duration) yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) E. L. Hummer, M. D.  
1/21, 1930 (Address) New Bloomfield, 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 Stixie Mo DATE OF BURIAL 1-21 1930

20. UNDERTAKER None ADDRESS \_\_\_\_\_

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

14  
87

PARENTS

