

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

Do not use this space.

2409

1. PLACE OF DEATH

County St. Clair
Towship Appleton
City..... (No.....)

Registration District No. 761
Primary Registration District No. 4456
6002

File No.....
Registered No.....
St..... Ward

2. FULL NAME William Thomas 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16-1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>9</u>	<u>22</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Fayette
(STATE OR COUNTRY) no

10. NAME OF FATHER Willoby Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no

12. MAIDEN NAME OF MOTHER Susan Turner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no

14. INFORMANT Mrs. J. B. Plavine
(Address) St. Joseph Mo

15. Jan 13 1930. W. Clinch M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 8 1930 to Jan. 8 1930 that I last saw him alive on Jan. 7 1930, and that death occurred, on the date stated above, at 7:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
7401
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. J. Smith M. D.
, 19 (Address) Appleton City 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 Appleton City Cem DATE OF BURIAL Jan 10 1930

20. UNDERTAKER R. R. Kenney ADDRESS A. C. MO

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1930
73

