

AUG 20 1938

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

Do not use this space.

18534

1. PLACE OF DEATH

County Barton
Township North Fork
City (No.)

Registration District No. 40
Primary Registration District No. 5061

File No.
Registered No. 33
St. Ward)

2. FULL NAME Isaac Bartlett 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 Mary Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 23rd - 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 9 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER Nicholas Williams

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Myrtle Baston
(Address) Lamar Mo. R. 7.

15. FILED 8830 1938 A. J. Myrath REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June - 19 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-7-1930 to June - 19 - 1930 that I last saw ~~breath~~ alive on 5-1-30, 1930, and that death occurred, on the date stated above, at 7-0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral apoplexy

CONTRIBUTORY (SECONDARY) 7401

18. WHERE WAS DISEASE CONTRACTED (duration) 2 yrs. 0 mos. 0 ds.
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. H. Knott M. D.
6-20 - 1930 (Address) Jasper, 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 Kelley Cemetery DATE OF BURIAL 6/20th 1930

20. UNDERTAKER Truster Bros ADDRESS Jasper Mo

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.

W. A. R. K.