

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.

DEC 21 1931

Dr. Dorris

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

Do not use this space.

**1. PLACE OF DEATH**

County Cole Registration District No. 213  
Township \_\_\_\_\_ Primary Registration District No. 9014  
City Jefferson (No. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

37294  
File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Frederick James Williams

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ivy M. Williams</u> 1871				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September-24</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>60</u>	<u>1</u>	<u>20</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Musician</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ponty Pool, Wales</u>				
FATHER	13. NAME <u>John Williams</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ponty Pool, Wales</u>			
MOTHER	15. MAIDEN NAME <u>Not Known</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>			
17. INFORMANT <u>Mrs. Ivy M. Williams</u> (ADDRESS) <u>Jefferson City, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>River View Cem</u> DATE <u>Nov-17-</u> 19 <u>31</u>				
19. UNDERTAKER <u>Wymore-Gordon Und. Co.</u> (ADDRESS) <u>Jefferson City, Missouri</u>				
20. FILED <u>4-30-</u> 19 <u>31</u> <u>J. P. Dorris</u> Registrar.				

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1931 to Nov 14 1931  
I last saw him alive on Nov 14 1931 Death is said to have occurred on the date stated above, at 8 p. m.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis.  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Arterial Insufficiency (Lutea)

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Chinest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. P. Dorris M. D.  
(Address) Jefferson City, Mo

1948