

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

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.

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

Do not use this space.

38231

1. PLACE OF DEATH

County Livingston
Township _____
City Chillicothe (No. _____)

Registration District No. 508
Primary Registration District No. 2076

File No. _____
Registered No. 120
St. _____ Ward _____

2. FULL NAME

Ira Thomas Williams
(a) Residence, No. 827 - Vine St., 2 Ward.

(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-15-1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 - 9 - 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (retired)
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) Jackson Twp. Missouri

13. NAME: John B. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary Hale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Margaret Thompson
Hallitan

18. BURIAL, CREMATION, OR REMOVAL PLACE Edge wood DATE Nov. 12, 1931

19. UNDERTAKER (ADDRESS) James D. Gordon
Chillicothe

20. FILED Nov 12 1931 R. Barney Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1931, to Nov 11, 1931. I last saw alive on Nov 10, 1931. Death is said to have occurred on the date stated above, at 1:00 p.m. The principal cause of death and related causes of importance were as follows:

Chronic nephritis 1921
131
152
Other contributory causes of importance: Senility 131
Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis Physical exam 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. M. Russell, Jr., M. D.
11/12/31 (Address) Chillicothe

RR 12194B