

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

Do not use this space.

28959

1. PLACE OF DEATH

County Cape
Township Byram
City Jackson (No. _____)

Registration District No. 124
Primary Registration District No. 5177

File No. _____
Registered No. 42
St. _____ Ward _____

2. FULL NAME

Sam D. 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 m 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 Frederica Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9 - 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	82	-	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Insurance & Farming
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jackson
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER H. H. M. Williams

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

12. MAIDEN NAME OF MOTHER Berenice Daugherty 9-25-1933 (Address) _____

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

14. INFORMANT Chas. Granger
(Address) Jackson Mo.

15. FILED 9-25-33 D. G. Leibert
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 22, 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec 1932 to Sept 22, 1933
that I last saw him alive on Sept 22, 1933, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary and Myocardial disease of the heart -

(duration) yrs. mos. ds. 9312
CONTRIBUTORY (SECONDARY) MB (duration) yrs. mos. ds. 1111

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Autopsy, Arteriosclerosis, Myocardial disease
(Signed) B. W. Hays, M.D.

*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 City Cemetery DATE OF BURIAL Sept 25 1933

20. UNDERTAKER Crocker & Miller ADDRESS Jackson Mo.

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.

OCT 20 1933

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