

MAR 24 1934

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

Do not use this space.

7528

1. PLACE OF DEATH

County

Registration District No.

File No.

Township

Primary Registration District No.

Registered No.

City

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

St.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

2-14-1934

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mrs. E. L. Williams

22. I HEREBY CERTIFY, That I attended deceased from 2-12-1934 to 2-14-1934

I last saw him alive on 2-14-1934. Death is said

to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

12-14-1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

34

2

0

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

2/10/34

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Tanning

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Tanning

10. Date deceased last worked at this occupation (month and year)

2-14-1934

11. Total time (years) spent in this occupation 20

Other contributory causes of importance:

108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Licking MO

13. NAME

John Williams

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

Licking MO

15. MAIDEN NAME

Emma Williams

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

Licking MO

17. INFORMANT (ADDRESS)

John Williams

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Licking MO

DATE 2/15-34

19. UNDERTAKER (ADDRESS)

Smith & Harrison

20. FILED

3/1

1934

37

R. Reed

Registrar.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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?

If so, specify

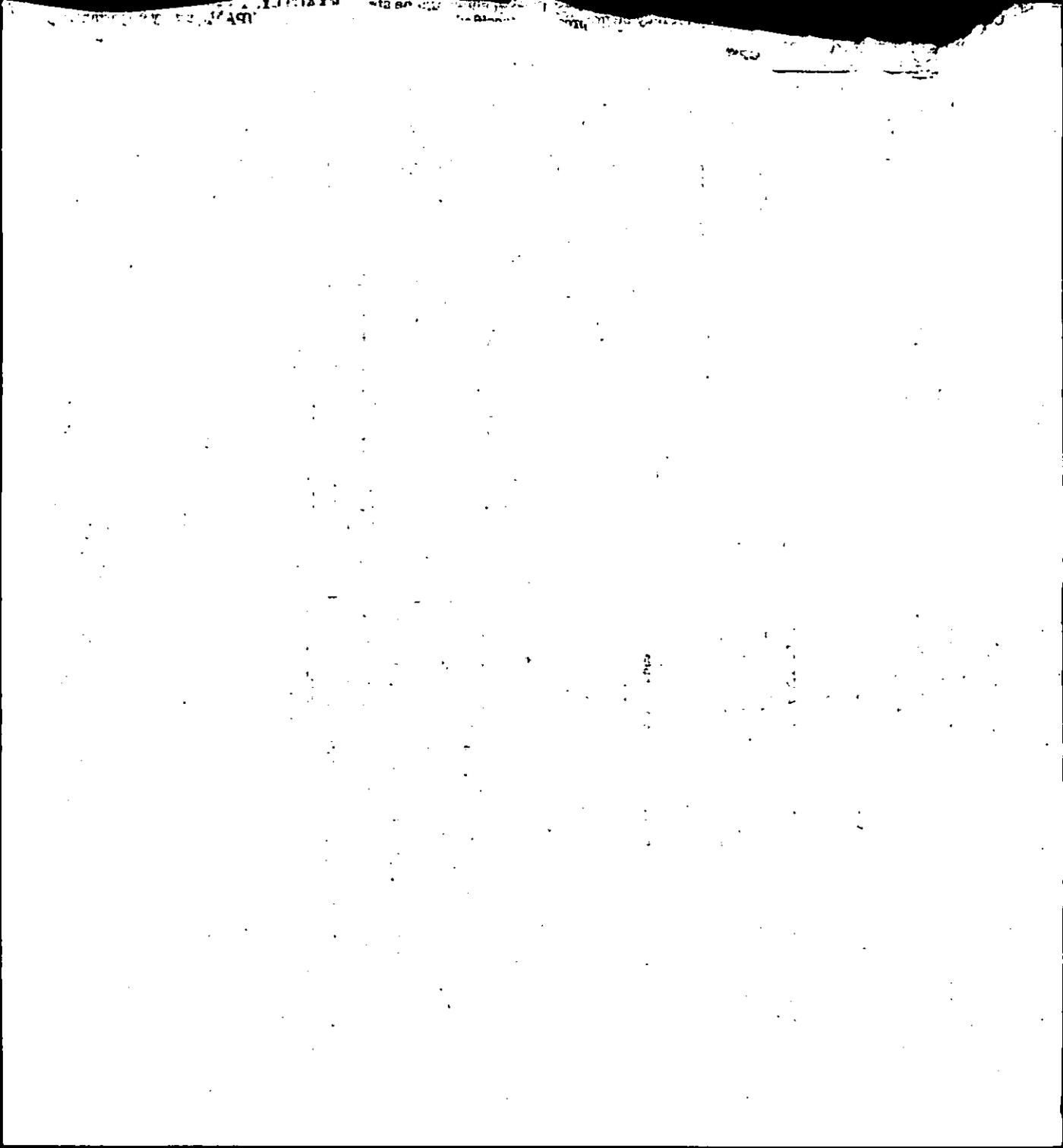
(Signed)

A. D. Reed

, M. D.

(Address)

Licking



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Texas
Township Sherrill
City Guerritt (No.)

Registration District No. 868
Primary Registration District No. 6149

File No.
Registered No.
St. Ward

2. FULL NAME

Guerritt L. 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 w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-14-1900

7. AGE YEARS 31 MONTHS 2 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Leekington, Mo.

13. NAME John Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leekington, Mo.

15. MAIDEN NAME Emma Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leekington, Mo.

17. INFORMANT (ADDRESS) John Williams

18. BURIAL, CREMATION, OR REMOVAL PLACE Leekington, Mo. 2/15/34

19. UNDERTAKER (ADDRESS) Smith & Ferguson

20. FILED 3/1/34 J. H. Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14 1934

22. I HEREBY CERTIFY, That I attended deceased from to , 19

I last saw h alive , 19 Death is said to have occurred on the day stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) , M. D.

(Address)

CHARGE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Every item of information should be carefully supplied. It can be stated EXACTLY. Properly classified. Exact statement of OCCUPATION. Properly classified.

SUPPLEMENTARY

88565