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.

7j

JUL 23 1934

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

Do not use this space.

1. PLACE OF DEATH
County Morgan — Registration District No. 598 — File No. 25654
Township Buffalo — Primary Registration District No. 5794 — Registered No. ~~68~~ 28
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Vrachur Lowery Williams
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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 Mollie Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 1860
7. AGE — YEARS 74 — MONTHS 1 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Stover Morgan Co

FATHER
13. NAME Henry Baker-Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co Mo

MOTHER
15. MAIDEN NAME Minerva Jane Sanders
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co Mo

17. INFORMANT (ADDRESS) Earl Rapp Stover Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stover Mo DATE 7-7 1934
19. UNDERTAKER (ADDRESS) Claude Rapp Stover Mo
20. FILED 7-7 1934 H. N. Lutman Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 - 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2 - 1934, to July 6 1934
I last saw him alive on July 4 - 1934 Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Cerebral~~	
Cerebral Hemorrhage	
82	
97	

Other contributory causes of importance:
Arteri Sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) E C Snavely, M. D.
(Address) Sedalia