

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

Do not use this space.

27618

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City..... *M. Lewis* (No. *Barnes Hospital*) St. .... Ward) .....

File No. ....  
 Registered No. **7866**

**2. FULL NAME**

(a) Residence, No. *PR 4, Box 90* St. *NR* Ward. *Belleuville Ill*  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred *0* yrs. *1* mos. *0* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Irene Triffin Williams*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 10, 1875*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*59 3 18*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Miner*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Coal Mine*  
 10. Date deceased last worked at this occupation (month and year) *March 1934* 11. Total time (years) spent in this occupation *29*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Russellville, Ky*

13. NAME *James Williams*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Irene Williams* (ADDRESS) *Belleuville, Ill.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Belleuville, Ill.* DATE *7-30* 1934

19. UNDERTAKER *Herbert H. Stewart* (ADDRESS) *Russellville, Ill.*

20. FILED *J. F. Bredeck* Registrar. DATE *Jul 31 1934*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 28<sup>th</sup>* 1934

22. I HEREBY CERTIFY, That I attended deceased from *7-21* 1934, to *7-28* 1934  
 I last saw him alive on *7-28* 1934. Death is said to have occurred on the date stated above, at *5:15 p.m.*  
 The principal cause of death and related causes of importance were as follows:

*carcinoma of pancreas*  
*4/15*  
 Other contributory causes of importance: *46*

Name of operation *Cholecysto-gastrostomy* Date of *7-27-34*  
 What test confirmed diagnosis? Was there an autopsy? *Yes*

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) *James E. Pittman*, M. D.  
 (Address) *Barnes Hospital*

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. AUG 16 1934

OCCUPATION MOTHER FATHER

