JAN 8 1935

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

Do not use this space.

File No. 43360

Registered No.

Registration District No. 408

Primary Registration District No. 5563A

1. PLACE OF DEATH

County: Jasper

Township: Jackson

City: Joplin (No. ..... St. ..... Ward)

2. FULL NAME Jessie C. Williams

(a) Residence, No. ..... Joplin Missouri St., No Ward. No

(Usual place of abode) County Home (If nonresident, give city or town and State)

Length of residence in ~~city or~~ town where death occurred 1 yrs. 7 mos. 23 ds. How long in U. S., if of foreign birth? No yrs. No mos. No ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: unknown I do not know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug - 1855

7. AGE: Years 79 | Months 4 | Days unknown No | If LESS than 1 day, ~~mins.~~ hrs. or ~~unknown~~ min.

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation: unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Kentucky

FATHER

13. NAME: unknown Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Kentucky

MOTHER

15. MAIDEN NAME: unknown

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

17. INFORMANT (ADDRESS): T. C. Tacketurcu Supt Carthage Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE: Oak Hill Cemetery DATE: Dec 18 1934

19. UNDERTAKER (ADDRESS): Ulmer Undertaking Co Carthage Mo

20. FILED: Dec 18, 1934 S. B. Shinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1933, to Dec 16, 1934. I last saw him alive on Dec 14, 1934. Death is said to have occurred on the date stated above, at 10.25 a.m.

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

Bright's Disease

131

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) W. E. Baker, M. D.

(Address) Carthage Mo.

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.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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: Jasper — Registration District No.: 408
Township: — Primary Registration District No.: 5563A
City: ..... (No. ..... St. ..... Ward)

File No.:
Registered No.:

2. FULL NAME: Jessie C 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): M

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

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

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	4		

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19..

19. UNDERTAKER (ADDRESS)

20. FILED Apr. 1, 1935. S. B. Clinton, Registrar.

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brights disease	
Chronic	

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) .....

JAN 30 1935

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