

MAY 30 1935

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

Do not use this space.

13121

1. PLACE OF DEATH *Jackson*
 County *Jackson* Registration District No. *1008*
 Township *Law* Primary Registration District No. *1008*
 City *Wingo* (No. *#6 Police Station*) St. *1823* Ward

2. FULL NAME *Joseph Williams*
 (a) Residence No. *722 E. 17th* 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 *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 *Single*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 8 - 1883*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 9 14

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

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

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) *Kansas*

13. NAME *Nelson Williams*

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

15. MAIDEN NAME *Nancy Frye*

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

17. INFORMANT (ADDRESS) *N. H. Wilson 722 E. 17th*

BURIAL, CREMATION, OR REMOVAL *West Union Cemetery DATE April 29/35*

19. UNDERTAKER (ADDRESS) *Wm. A. Spletton Jones 12600 E. 19th*

20. FILED *4-29-35 M. M. Crowe, reg. Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 22*, 19*35*

22. I HEREBY CERTIFY that the decedent deceased from _____ to _____, 19____
 I last saw him 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:
Acute alcoholism Date of onset _____

Other contributory causes of importance *None*

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? *up*

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) *[Signature]*, M. D.
 (Address) _____

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.

