

JUL 2 1935

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

Do not use this space.

20583

1. PLACE OF DEATH

78
County Pemscot
Township Bulter
City (No.) St. Ward

Registration District No. 114
Primary Registration District No. 5867

File No. 17
Registered No. _____

2. FULL NAME Frank Williams

(a) Residence, No. Swift, Mo. 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

3. SEX <u>m</u>	4. COLOR OR RACE <u>c.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>S</u> <small>(write the word)</small>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 1 - 1934</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>10</u>	<u>12</u>
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		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 13 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 a. m. The principal cause of death and related causes of importance were as follows:

Colitis (Ileo).
WAB
Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

Date of onset
6-1-35

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Swift Mo.</u>
	13. NAME <u>Wm Williams</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K.</u>
	15. MAIDEN NAME <u>Resla Latta</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parker Ark.</u>
	17. INFORMANT (ADDRESS) <u>Steve Jennings Swift Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Swift City</u> DATE <u>6-13 1935</u>	
19. UNDERTAKER (ADDRESS) <u>De Post Supply Co Parker Ark.</u>	
20. FILED <u>6-23 1935</u> <u>Mary W. Cook</u> Registrar.	

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) J. R. Rhodes, Coroner Hayley (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.

Tuberculosis