

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

144

Dr. Smith  
MAR 17 1936

1. PLACE OF DEATH  
 County Bates Registration District No. 03  
 Township \_\_\_\_\_ Primary Registration District No. 0005  
 City Rich Hill (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME DEWEY LEMEUL WILLIAMS  
 (a) Residence, No. RICH HILL 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.

File No. \_\_\_\_\_  
 Registered No. 4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 20-1919

7. AGE YEARS 16 MONTHS 3 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

MOTHER FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Hill Mo.  
 13. NAME Julius Williams  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo.  
 15. MAIDEN NAME J. C. E. Rankin  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co Mo.

17. INFORMANT Julius Williams  
 (ADDRESS) Rich Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Jan 6 1935

19. UNDERTAKER (ADDRESS) Booth Funeral Home

20. FILED Jan 6 1935 Registrar Dr. J. J. Johnson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1935 to Jan 4 1936  
 I last saw him alive on Jan 4 1936. Death is said to have occurred on the date stated above, at 10:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Parkinson's Disease

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? \_\_\_\_\_  
 No, specify \_\_\_\_\_  
 (Signed) Robert Smith, M. D.  
 (Address) Rich Hill, 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.

