

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

Do not use this space.

29851

SEP 21 1936

**1. PLACE OF DEATH**

County Bates  
Township Lone Oak  
City (No. ....)

Registration District No. 513  
Primary Registration District No. 5080

File No. ....  
Registered No. 28  
St. .... Ward)

**2. FULL NAME**

J. Boyd 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 10 7

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

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) Illinois

13. NAME John Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Kno

15. MAIDEN NAME Emily Hunt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Kno

17. INFORMANT (ADDRESS) Florine Colson  
Butler, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Aug 27 1936

19. UNDERTAKER (ADDRESS) Butlers  
Butler, Mo.

20. FILED Aug 27 1936 J. D. Jones Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1936

22. I HEREBY CERTIFY, That I attended deceased from June to Aug 25 1936

I last saw him alive on Aug 25 1936 Death is said to have occurred on the date stated above, at 11:30 P.

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

Engine Pictorus Date of case:

942

Other contributory causes of importance:

Chronic Arteriosclerosis

Name of operation Clin Date of 7/20

What test confirmed diagnosis? Clin 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? If so, specify

(Signed) J. D. Jones, M. D.

(Address) Butler, 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.

WHILE SERVING WITH OUR ARMY THIS IS A PERMANENT RECORD

7-234

