WRITE CLEARLY, 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.

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

Do not use this space.

OCT 21 1936

File No. 34066-a

Registered No.

1. PLACE OF DEATH

County: Dunklin Registration District No.: 27

Township: Lakeem Primary Registration District No.: 3407

City: (No. , St. Ward)

2. FULL NAME Roosevelt 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): Don't know

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don't know

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

7. AGE: Years: About 35 yr. Months: Days: If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Don't know

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Inquest

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19

22. I HEREBY CERTIFY, That I attended deceased from Elmattendd, 19 to Physician 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:

By being shot with a 45 cal. pistol in the hands of Joe Lewis with felonious intent

Date of onset

Other contributory causes of importance:

173

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? Homicide Date of injury Sept 10, 1936

Where did injury occur? Private house Dunklin Co. Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Private home

Manner of injury Pistol shot wound thru

Nature of injury lungs

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. D. Crayton Coroner, M. D.

(Address) Kennett, Mo.

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin — Registration District No. 290 — File No. 34066-a

Township Salem — Primary Registration District No. 5408 — Registered No. 78

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Roosevelt 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: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): unknown

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

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

7. AGE — YEARS: about 35 years — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: common laborer
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): unknown

FATHER

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

MOTHER

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

17. INFORMANT (ADDRESS): Inquest

18. BURIAL, CREMATION, OR REMOVAL
PLACE County Farm DATE Sept. 11, 1936

19. UNDERTAKER (ADDRESS): County Farm Supt.

20. FILED ....., 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 10, 1936

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:

By being shot with a 45-caliber pistol in the hands of Joe Louis with felonious intent

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? homicide Date of injury ....., 19.....

Where did injury occur? private house Dunklin Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Private House

Manner of injury Pistol Shot

Nature of injury Wound through lung

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T.J. Rigdon, Coroner, M. D.

(Address) Kennett, Missouri

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE BOARD OF HEALTH

JEFFERSON CITY, MO.

Bureau of Vital Statistics

Affidavit for Correction of Death Record

(Write in whether Birth or Death)

STATE OF Mo
CITY or Kennett
COUNTY OF Dunklin } ss.

On this 13 day of May, 1937

before me, a Notary Public in and for Dunklin County Mo.,

appears Dr. T. J. Rigdon,

who upon his oath, states that he is (the affiant) desires by this affidavit to make

the following correction on the death record, Registered No. 78,

of Roosevelt Williams,

whose Death occurred at Salem Township, Dunklin County,

in the State of Mo., on Sept. 10, 1936 and which was filed:

Item No. 4 should read Colored,

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge and belief.

T. J. Rigdon M.D.,
Affiant.

(Relationship to person whose record is referred to in above.)

None

Present Address of Affiant.

Subscribed and sworn to before me, this 13th day of May, 1937.

Sam G. Fisher
Notary Public.

My Commission expires Jany 8th, 1938.

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