

Dr. Leon Taylor

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

Do not use this space.

DEC 18 1936

1. PLACE OF DEATH

County... Cole
Township... Liberty
City..... (No..... St..... Ward)

Registration District No. 215
Primary Registration District No. 5295

File No. 40779
Registered No. 7

2. FULL NAME John F. Williams

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Jane Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July--22-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 4

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. 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) Not known

13. NAME " "

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

15. MAIDEN NAME " "

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

17. INFORMANT Martha Jane Williams (ADDRESS) Osage City, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Osage City, Cem DATE Nov-28--193619. UNDERTAKER (ADDRESS) John F. O'Connell Osage City, Mo20. FILED Dec 18 1936 John F. O'Connell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936, to Nov 26, 1936

I last saw him alive on Nov 26, 1936 Death is said to have occurred on the date stated above, at 11:20 a.m.

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

Subarachnoid Date of onset

Other contributory causes of importance

Subarachnoid
neoplasm (Cancer)Name of operation none Date ofWhat test confirmed diagnosis? Chemical Was there an autopsy?.....

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 he had a day(Signed) John F. O'Connell M. D.(Address) Osage City, 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.

