

MAY 21 1937

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

Do not use this space.

16720

File No. 36
Registered No.

1. PLACE OF DEATH
57 1 4
City Jefferson
Township Crystal City
City Crystal City (No.) St. (Ward)

Registration District No. 421
Primary Registration District No. 5575A

2. FULL NAME Robert Eugene Williams

(a) Residence, No. Crystal City 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 3 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Crystal City Mo

13. NAME Howard Newton Williams

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

15. MAIDEN NAME Juanita Hovis

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

17. INFORMANT Howard N. Williams (ADDRESS) Crystal City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Festus Mo Apr. 23 1937

19. UNDERTAKER Duester E. Wenzel (ADDRESS) Festus Mo

20. FILED 4/22, 1937 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937, to April 21, 1937. I last saw him alive on April 21, 1937. Death is said to have occurred on the date stated above, at 11:50 p.m. The principal cause of death and related causes of importance were as follows:
Influenza - Bronchopneumonia April 18
Pneumonia & Angina

Other contributory causes of importance: 110

Name of operation Date of
What test confirmed diagnosis? Clinical 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) H. Kummerfeld M. D.
(Address) Crystal City Mo

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

