REC'D JUN 16 1938

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

17924
Do not use this space.

1. PLACE OF DEATH
(a) County Cape
(b) Township ~~Cape~~
(c) City Cape Girardeau, Mo.
Registration District No. 125
Primary Registration District No. 3009
Registered No. 140
(d) Street No. Smelterville Sub. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Hayden Williams
(a) Residence, No. Smelterville Sub. Cape Gir., Mo. St.
(Usual place of abode, if no street address, write county or city) (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 Clara Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1886

7. AGE: Years 51 | Months 11 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as 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) Morehouse, Missouri

FATHER
13. NAME Thomas Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morehouse, Missouri

MOTHER
15. MAIDEN NAME Minnie Whitehouse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know " "

17. INFORMANT Mrs. Clara Williams
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE May 11, 1938

19. FUNERAL DIRECTOR (NAME) Haman's Funeral Home
(ADDRESS) Cape Girardeau, Missouri.

20. FILED 5-10, 1938 Jon C. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1938, to May 10, 1938
I last saw h— alive on May 10, 1938. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Sx 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
(Signed) A. M. Musgrave, M. D.
(Address) 746 Broadway

(Licensed Embalmer's Statement on Reverse Side)

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.

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SEP 10 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, L. L. Hanson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed L. L. Hanson

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.