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.

REC'D JUN 24 1938

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

19829
Do not use this space.

1. PLACE OF DEATH
(a) County Washington V 1 Registration District No. 887
(b) Township Breton Primary Registration District No. 6179 Registered No.
(c) City Mineral Point (d) Street No. 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 George Ade Williams 452
(a) Residence, No. 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 21 1937

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	3	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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): Mineral Point Mo U

FATHER
13. NAME: Arthur Williams U
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rockwood Mo U

MOTHER
15. MAIDEN NAME: Martha Gillan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Potosi Mo

17. INFORMANT (ADDRESS): Arthur Williams Mineral Point

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview DATE April 17 1938

19. FUNERAL DIRECTOR (ADDRESS): J. Parks Potosi

20. FILED May 1 1938 G. F. Cresswell Local Registrar.
Cresswell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 15 1938

22. I HEREBY CERTIFY: That I attended deceased from April 11 1938 to April 15 1938
I last saw him alive on April 14 1938. Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	
1149	

Other contributory causes of importance:
Allergic condition to milk

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? 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? No
If so, specify
(Signed) G. F. Cresswell, M. D.
808 (Address) Potosi Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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