REC'D JUL 17 1938

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

22748
Do not use this space.

1. PLACE OF DEATH
(a) County Ray
(b) Township
(c) City Richmond Mo.
Registration District No. 744
Primary Registration District No. 8036
Registered No. 156
(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 Thomas Williams
(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: Male
4. COLOR OR RACE: Negro
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): Unknown
7. AGE: Years 74; Months -; Days -; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal mining
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) Wellington Mo. 0

FATHER
13. NAME Un known 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Un known 9

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Nannie Garvin (ADDRESS) Wellington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington Mo. DATE June 20. 1938 19

19. FUNERAL DIRECTOR E. Thurman (ADDRESS) Richmond Mo.

20. FILED 7-1 1938 Mary B. McDonald Local Registrar. 668

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June. 18. 1938 19

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1938, to June 18, 1938
I last saw him alive on June 17, 1938. Death is said to have occurred on the date stated above, at 7 pm.m
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
54	
Other contributory causes of importance:	
Hypertension	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Urinalysis 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? No
If so, specify .....
(Signed) Thos J Cook, M. D.
(Address) Richmond, Mo.

(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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

BOM 20-57 I X12004

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 with the above constitutes grounds for revocation of license.)