

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 AUG 24 1938

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

25351
Do not use this space.

1. PLACE OF DEATH

(a) County Green Registration District No. 316
 (b) Township _____ Primary Registration District No. 2001 Registered No. 581
 (c) City Springfield (d) Street No. Springfield Baptist Hospital 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 Larry Leonard Williams

(a) Residence, No. Crane St. Missouri
 (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) Babe

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 - 1938

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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) Crane Mo.

FATHER 13. NAME Leonard Joseph Williams

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

MOTHER 15. MAIDEN NAME Mildred Iven Parsons

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

17. INFORMANT (ADDRESS) Leonard Joseph Williams
Crane Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crane Mo. DATE July 24 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wang & Mahoney
Crane Mo.

20. FILED July 24 1938 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-22-38, 1938, to 7-24-38, 1938

I last saw him alive on 7-23-38, 1938. Death is said to have occurred on the date stated above, at 3:43 m.

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

Congenital malformation of intestine Date of onset

Other contributory causes of importance: 1577

Name of operation Euler enterostomy Date of 7-23-38

What test confirmed diagnosis? _____ 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 _____, 1938

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) Chas A. George, M. D.

(Address) Springfield, Mo.

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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