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.

Date SEP 14 1938

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

Do not use this space.

28516

File No.

Registered No. 229

1. PLACE OF DEATH

County CAPE GIRARDEAU Registration District No. 15

Township Primary Registration District No. 30.09

City (No. ST. FRANCIS HOSPITAL St. Ward)

2. FULL NAME Clois Williams

(a) Residence, No. St., Ward Stanfield Mo
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1938

7. AGE YEARS MONTHS DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sidon Mo.

FATHER

13. NAME Calvin Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richter Arkansas

MOTHER

15. MAIDEN NAME Ester Meckler

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

17. INFORMANT (ADDRESS) L. L. Meckler Sidon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanfield Mo DATE 8-8 1938

19. UNDERTAKER (ADDRESS) Lloyd Bryant Ark

20. FILED 8-7 1938 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/7, 1938, to 8/7, 1938

I last saw h alive on 8/7, 1938. Death is said to have occurred on the date stated above, at 9:00 P. m.

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

Colitis.

Date of onset

Other contributory causes of importance:

Delay drainage.

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?

If so, specify

(Signed) Kenneth Lewis, M. D.

(Address) Cape Girardeau Mo.