

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

36189
Do not use this space.

1. PLACE OF DEATH
 (a) County LINN Registration District No. 496
 (b) Township BROOKFIELD Primary Registration District No. 3025 Registered No. \$076
 (c) City BROOKFIELD (d) Street No. McKenna 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 GEORGE HENRY WILLIAMS
 (a) Residence, No. _____ St. WHEELING MO.
 (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) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY WILLIAMS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 7-1888
 7. AGE YEARS 80 MONTHS 2 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MELHARIC
 9. Industry or business in which work was done, as saw mill, bank, etc. RETIRED
 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) NEW YORK
 FATHER 13. NAME NORMAN L. WILLIAMS
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK
 MOTHER 15. MAIDEN NAME Almira Bates
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK
 17. INFORMANT (ADDRESS) ROY WILLIAMS WHEELING MO.
 18. BURIAL, CREMATION, OR REMOVAL PLACE WHEELING MO. DATE Oct 19 1938
 19. FUNERAL DIRECTOR (ADDRESS) SMIThey FUNERAL HOME WHEELING MO.
 20. FILED Nov 1 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 21 1938 to Oct 17 1938
 I last saw him alive on Oct 17 1938 Death is said to have occurred on the date stated above, at 9:10 a.m.
 The principal cause of death and related causes of importance were as follows:
Accidental death by firearms
 Date of onset _____
 Other contributory causes of importance: 184 17
 Name of operation _____ Date of _____
 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 Oct 17, 1938
 Where did injury occur? Wheeling Livingston, MO.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. in home
 Manner of injury _____
 Nature of injury Shot in forehead
 24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) D. F. Youll, D.O.
 (Address) Wheeling, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-88-478

Date Filed 11-3-38

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.)