

OV 28 1938

DEC 8 1938

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

40427
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 1946
 (c) City Jefferson Barracks (d) Street No. Unkn. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 James Silas Williams

(a) Residence, No. _____ St. N R Lacoma, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 28, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 9 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm laborer
 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) Phelps County
 (STATE OR COUNTRY) Missouri.

13. NAME Wallace Williams

14. BIRTHPLACE (CITY OR TOWN) -
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Cora Stagstatt

16. BIRTHPLACE (CITY OR TOWN) -
 (STATE OR COUNTRY) Missouri

17. INFORMANT C. Mac Schubley VAF Jefferson
 (ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Missouri DATE Nov 29, 1938

19. FUNERAL DIRECTOR Null & Sons Funeral Home
 (ADDRESS) Rolla, Missouri.

20. FILED NOV 28 1938 G. R. Meyer M.D. P.H.
 19 _____ Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1938, to November 27, 1938

I last saw him alive on November 27, 1938. Death is said to have occurred on the date stated above, at 4:45A. m.

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

Valvular Heart Disease.
Mitral stenosis.

Date of onset

Unkn.

Other contributory causes of importance:

Name of operation None Date of -
 Why? clinical panif. and laboratory. 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?
 If so, specify None Officer M. L. FLECK
 (Signed) M. L. FLECK, Act. Chief Medical D.
 (Address) VAF Jefferson Barracks, 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.

This case is not to be embalmed - buried unembalmed

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.)