

DEC'D MAR 15 1939

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

6061
Do not use this space.

1. PLACE OF DEATH
 (a) County Callaway Registration District No. 104
 (b) Township Fulton Primary Registration District No. 3008 Registered No. 53
 or Fulton (d) Street No. State Hospital #1 Fulton, Mo. 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 4 1/2 yrs. 3 mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Williams
 (a) Residence, No. New Madrid Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-14-1892
 7. AGE YEARS 46 MONTHS 9 DAYS 28 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. laborer
 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) Tennessee
 FATHER 13. NAME James Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Anna Brown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 17. INFORMANT (ADDRESS) Hospital Records - Fulton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE anatomical board DATE 2-15-1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. D. Roberts Columbia Mo
 20. FILED Feb. 15 1939 V. N. Crews Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov 2 to 38 Feb 12 1939
 I last saw him alive on Oct 11 1939 Death is said to have occurred on the date stated above, at 6:45 a.m.
 The principal cause of death and related causes of importance were as follows:
left cerebral hemorrhage
generalized arteriosclerosis
 Date of onset Jan 15, 1939
 Other contributory causes of importance:
hypertension
 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 _____, 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) Georgell Permann M. D.
 (Address) State Hospital #1 Fulton 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.

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.