

RECD JUL 19 1939

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

21708

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. 186
(c) City Fulton (d) Street No. _____ (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

(a) Residence, No. 2217 E. 22nd St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1888
7. AGE YEARS 51 MONTHS _____ DAYS _____ If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular line of work done, as assayer, bookkeeper, etc. Manager
9. Industry or business in which work was done, as in manufacturing, etc. Finance
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) Nelson Mo
13. NAME George Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Harnett Barnes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT (ADDRESS) Nathryn Williams
18. BURIAL, CREMATION, OR REMOVAL Tanner City Mo June 14, 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Elio Bell Fulton, Mo
20. FILED July 10, 1939 R. N. Creiv Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1939

22. I HEREBY CERTIFY That I attended deceased from July 4, 1939 to July 9, 1939
I last saw him alive on July 9, 1939. Death is said to have occurred on the date stated above, at 8:55 a.m.

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

Localized Peritonitis
Traumatic Rupt. of Spleen
Pneumonia
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 7-4-1939

Where did injury occur? Highway
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury For accident

Nature of injury Rupture of Spleen

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) _____ M. D.

(Address) 18202 Ave K.C. 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.

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210 H.

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL RECORDS
ST. LOUIS, MISSOURI

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 Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, Mo

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

21708
Do not use this space.

1. PLACE OF DEATH

(a) County Calloway Registration District No. 104
 (b) Township _____ Primary Registration District No. 3008 Registered No. _____
 (c) City Fulton (d) Street No. _____
 (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 Elinore Williams

(a) Residence, No. _____ 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 m 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

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

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

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) _____

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

Local Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Locked peritonitis Date of onset _____

Traumatic rupture of bladder

Edema of lungs

Other contributory causes of importance: _____

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? acc Date of injury 7-4, 1939

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 car accident with

Nature baseball motor car

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) P. C. Turner, M. D.

(Address) 1830 V. Ave.

S. C. 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

