

REC'D JUL 18 1938

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

Do not use this space.

22027

1. PLACE OF DEATH

35 *Springfield*
County *Springfield*
Township *11th*
City *245* (No. *Parson*)

Registration District No. *287*
Primary Registration District No. *5205*

File No. _____
Registered No. *27* (Ward)

2. FULL NAME

Parson M Williams

(a) Residence, No. _____ St. _____ Ward. _____

(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 *male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 9 - 1924*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 11 28

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Eldorado, Ark.*

13. NAME *Aubrey Mc Williams*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Maggie, Ark.*

15. MAIDEN NAME *Maggie White*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark.*

17. INFORMANT *Aubrey Mc Williams* (ADDRESS) *Burns, Ark.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bethlehem, Ark.* DATE *June 12, 39*

19. UNDERTAKER *Emerson Burns* (ADDRESS) *Burnsville, Ark.*

20. FILED *6/8*, 19 *39* *E. C. Cape* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-7-1939*

22. I HEREBY CERTIFY, That I attended deceased from *6-7-1939* to *6-7-1939*. I last saw him alive on *6-7-1939*. Death is said to have occurred on the date stated above, at *7:18 p.m.*

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

Terminal pneumonia Date of onset *6/4/39*

Other contributory causes of importance: *36*

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) *E. C. Cape* M. D.

266 (Address) *Burnsville, Ark.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. 3,

District File Number 739-386

Date Filed 7/7/39