

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

RECD AUG 17 1939

25399
 Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 197
 (b) Township Gallatin Primary Registration District No. 5276A
 (c) City Crestwood Addition (d) Street No. _____ 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 451 Homer T. Williams

(a) Residence, No. Crestwood Add. Clay County St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county of city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
60 5 26

OCCUPATION 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) Moniteau County
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME James D. Williams,

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

MOTHER 15. MAIDEN NAME Milea Miller

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

17. INFORMANT Leonard T. Williams
 (ADDRESS) Crestwood Add. Clay Cty.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden, Mo. DATE July 5, 1939

19. FUNERAL DIRECTOR (NAME) John W. Wagner
 (ADDRESS) Kansas City, Mo.

20. FILED July 5, 1939 Viola C. Meyer Local Registrar
Del. L. M. A.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 38, 1938, to July 4, 1939
 I last saw him alive on July 3, 1939. Death is said to have occurred on the date stated above, at 10:45 AM
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the tongue
metastasis to neck & chest
 Date of onset Jan 1938
Jan 1939

Other contributory causes of importance: 45

Name of operation Removal lymph glands of neck Date of Feb 25, 1939
 What test confirmed diagnosis? Biopsy 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) Rip Robinson M. D.
1938 Professor Blood
Kansas City, 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.

Dr. J. H. ...
...

RECEIVED
District Health Officer No. 8
District File Number *81139*
Date Filed

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.