

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

26197
Do not use this space.

1. PLACE OF DEATH 1939
 (a) County Madison Registration District No. 538
 (b) Township St. Michaels Primary Registration District No. 3028 Registered No. 56
 or
 (c) City Fredericktown (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 Jonathan Williams
 (a) Residence, No. Fredericktown 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Shearer Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26, 1850
 7. AGE YEARS 86 MONTHS 8 DAYS 1 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. _____
 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) Madison Co Missouri
 FATHER 13. NAME Jonathan Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
 MOTHER 15. MAIDEN NAME Margaret Kellison
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 17. INFORMANT (ADDRESS) Mrs Belle Williams Fredericktown Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown Mo DATE July 30, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed H. Webb Fredericktown, Mo
 20. FILED July 29, 1939 S. C. Slaughter 481 (Address) Fredericktown, Mo.
Reg. Registrar
 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1939
 22. I HEREBY CERTIFY, That I attended deceased from July 4, 1939, to July 27, 1939.
 I last saw him alive on July 27, 1939. Death is said to have occurred on the date stated above, at 11:30 AM.
 The principal cause of death, and related causes, of importance were as follows:
Diabetes
 Date of onset _____
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 Other contributory causes of importance: With mental breakdown
 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? no
 If so, specify _____
 (Signed) M. B. Barber, M. D.
481 (Address) Fredericktown, Mo.

A. 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Ed. H. Webb

Licensed Embalmer No. 731

P. O. Address Fredricktown

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.