

K. 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.

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

26622
Do not use this space.

1. PLACE OF DEATH
 (a) County Randolph Registration District No. 735
 (b) Township 1 Primary Registration District No. 3034 Registered No. 149
 (c) City Moberly (d) Street No. Woodland Hospital 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 Ed. F. Williams
 (a) Residence, No. 1 mi. South of Moberly, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13th 1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>55</u>	<u>1</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auto Wrecking Co.
 9. Industry or business in which work was done, as saw mill, bank, etc. Selt
 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) Kas.

FATHER
 13. NAME John Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OKla

MOTHER
 15. MAIDEN NAME Minnie Rollins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Dlin Williams
 (ADDRESS) Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Moberly DATE Aug 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahan Son
Moberly Mo

20. FILED Aug. 14 1939 Peal Williams
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12th 1939

22. I HEREBY CERTIFY, That I attended deceased from May 31 1938, to Aug 12 1939
 I last saw him alive on Aug 12 1939 Death is said to have occurred on the date stated above, at 6:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Diabetes
59
 Date of onset ?

Other contributory causes of importance:

Name of operation Amputation of leg just above ankle Date of Aug 8 39
 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) Wm. Williams M. D.
 (Address) Moberly Mo

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 8/19/58

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 Albert K Mahan

Licensed Embalmer No. 1894

P. O. Address Wesley, 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.