REC'D SEP 14 1939

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

29400
Do not use this space.

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.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 4-11
(b) Township or Primary Registration District No. 2002 Registered No.
(c) City Joplin (d) Street No. St. Johns 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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred M. Williams
(a) Residence, No. St. Nichols Kansas
(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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jessie M. Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15 1884
7. AGE: Years 55 Months 3 Days 3 If LESS than 1 day, ...hrs. or ....min.

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. Auditor
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) Crawford County Kansas

FATHER
13. NAME Sir Richard Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Alice Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Jessie M. Williams Wichita, Kansas
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Nichols Kansas DATE Aug 19 1939
19. FUNERAL DIRECTOR (NAME) Neff City Undt Co.
(ADDRESS) Neff City, Mo
20. FILED 8-19-1939 Ed D James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1939, to Aug 18, 1939
I last saw ~~him~~ alive on Aug 18, 1939. Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anal indentigum	
General peritonitis, infarction spleen and hypostatic pneumonia following	Aug 3 1939
Other contributory causes of importance:	
chronic myocarditis	unknown

Name of operation abdominal drainage only Date of 8-5-39
What test confirmed diagnosis? Op. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Herman A. LaForce, M. D.
(Address) Friso Bldg. Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 939-1826
Date Filed SEP 8 1939

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.