

DEC 18 1939

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

40493
Do not use this space.

1. PLACE OF DEATH
 (a) County Pettis Registration District No. 668
 (b) Township 2 Primary Registration District No. 6683032 Registered No. 322
 (c) City Sedalia (d) Street No. 1603 So. Ky. 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 Joe St John Williams
 (a) Residence, No. 1603 So. Ky. 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-26-1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>10</u>	<u>24</u>	

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. At Home
 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) Ohio

FATHER

13. NAME A. J. St John
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Helen Trimmer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) M. A. St John Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Nov 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McLaughlin Bros Sedalia Mo

20. FILED Nov 24 1939 Mrs Harry Sneed
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1939

22. I HEREBY CERTIFY, That I attended deceased from April 5th 1939 to Nov 20th 1939
 I last saw her alive on Nov 18th 1939 Death is said to have occurred on the date stated above, at 8 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 12/1

Other contributory causes of importance:
hypertension and nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? date 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) Carl Perkins M. D.
 (Address) Sedalia Mo

WRITE PLAINLY, WITH OBTAINING INFORMATION TO BE OBTAINED 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. 8,
District File Number
Date Filed 12/8/59

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 Robert H. Reed
Licensed Embalmer No. 3745
P. O. Address Sedalia 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.