

No. 1-10-39
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NOV 21 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36104

Registration District No. 29

Primary Registration District No. 59

Registrar's No. 5959

I. PLACE OF DEATH:
 (a) County Putnam
 (b) City or town Putnam (Rural)
 (c) Name of hospital or institution: Rural Ashland
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether)

In this community years; months or days
 3. (a) PRINT FULL NAME James Edward Williams
 3. (b) If veteran name was
 3. (c) Social Security No.

4. Sex M
 5. Color or race W
 6. (a) Single, widowed, married, divorced
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Aug 24 40
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 1 14 hr. min.

9. Birthplace Unionville Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER, FATHER
 12. Name Leland Williams
 13. Birthplace Putnam Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Edith McDaniel
 15. Birthplace Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Leland Williams
 (b) Address Unionville Mo

17. (a) Burial, cremation, or removal Berea Cemetery
 (b) Date thereof Oct 5-40
 (Month) (Day) (Year)
 (c) Place: burial or cremation Berea Cemetery

18. (a) Signature of funeral director W. H. Hargett
 (b) Address Unionville Mo

19. (a) (Date received local registrar)
 (b) Eunice Hill (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Putnam
 (c) City or town Rural Ashland
 (If outside city or town limit, write "RURAL")
 (d) Street No.
 (e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 5
 year 1940 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from Oct. 4, 1940, to Oct 5, 1940, that I last saw him alive on Oct 4, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death broncho-pneumonia
 Duration Oct 1 1940

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? (Specify type of place) (e) Means of injury

23. Signature W. W. Gillum (M. D. or other)
 Address Unionville Mo Date signed Oct 5

PHYSICIAN
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

107A

RECEIVED
District Health Officer No. 10
District File Number 11-40-2063
Date Filed NOV 8 1940

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 Muel E. Hirsted
Licensed Embalmer No. 3304
P. O. Address Unionville

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36104⁷
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Registration District No. 722

Primary Registration District No. 595-

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Pittsburg
(b) City or town Richland, T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days (Specify whether)

3. (a) PRINT FULL NAME James Edward Williams
(b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____
6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)
8. AGE: Years _____ Months 1 Days 14 If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Feb 24 1946 (b) N. W. Gillum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH: Month Oct day 5
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchopneumonia

No complications.
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature N. W. Gillum (M. D. or other) _____
Address Unionville, Mo Date signed _____

SUPPLEMENTAL MEDICAL CERTIFICATION

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

