

OVER JUN 5 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17722  
Registrar's No. 25

Registration District No. 284

Primary Registration District No. 4173

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Malden  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home of Sister Bertha Moore  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community most of life years, months or days

3. (a) PRINT FULL NAME Sabron Williams

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 15 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>4</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Farm work

11. Industry or business Agriculture

12. Name Jim Williams

13. Birthplace Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sills

15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Moore

(b) Address Malden, Mo.

17. (a) Burial (b) Date thereof 5-19-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden

18. (a) Signature of funeral director Landerson

(b) Address Campbell Ave

19. (a) 5-19-41 (b) S. Mitchell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin  
(c) City or town Malden  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18<sup>th</sup>  
year 1941 hour 8 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
unattended by a physician  
that I last saw him alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Pulmonary  
2 years

Due to an Sarcocystis Tissue  
conditions

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature George J. Gilman (M. D. or other) \_\_\_\_\_  
Address Coroner Dunklin Date signed 5-19-41

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 2

District File Number 641-69

Date Filed Apr 4 1941

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**