

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

Do not use this space.

10276

1. PLACE OF DEATH

County Boyer Registration District No. 914
 Township Franklin Primary Registration District No. 6235
 City Brazner #3 St. _____ Ward _____

File No. _____
 Registered No. 7

2. FULL NAME

Charles Redmond Williams
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 25 - 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
65 11 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lumber
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER

Samuel Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER

Lucy Richmond

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14.

INFORMANT John Williams
 (Address) Franklin Mo

15.

FILED Mar 22 1928 W. E. Grant

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1928

17. I HEREBY CERTIFY that I attended deceased from Mar 11, 1928 to Mar 14, 1928 that I last saw him alive on Mar 13, 1928 and that death occurred, on the date stated above, at 4:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infarction
9:30 (duration) 9:03 yrs. _____ mos. 8 ds.

CONTRIBUTORY (SECONDARY)

Myocarditis
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. None

DID AN OPERATION PRECEDE DEATH? No DATE OF None

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Arthur B. Sholey M. D.

Mar 15 1928 (Address) Brazner Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Little Union Cem.

DATE OF BURIAL

Mar 16 1928

20. UNDERTAKER

C. F. Mead

ADDRESS

Brazner

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.

PERMANENT RECORD

