

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.

89
6
4

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

Do not use this space.

MAR 28 1935

6565

1. PLACE OF DEATH

County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No. _____, St. _____ Ward _____)

File No. _____
 Registered No. 15

2. FULL NAME

Edward P. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephine Williams</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13, 1845</u>				
7. AGE YEARS <u>89</u>	MONTHS <u>8</u>	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	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) <u>Miss.</u>				
FATHER	13. NAME <u>Thomas Williams</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>			
MOTHER	15. MAIDEN NAME <u>Rebek Fadel</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>			
17. INFORMANT <u>Josephine Williams</u> (ADDRESS) <u>Richmond Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richmond Mo</u> DATE <u>2/16/35</u>				
19. UNDERTAKER <u>E. M. Goslin</u> (ADDRESS) <u>Richmond Mo</u>				
20. FILED <u>2-9</u> , 19 <u>35</u> <u>E. E. Ray</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14/35, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dr. _____, 1935, to Feb 14, 1935.
 I last saw him alive on Feb 13, 1935. Death is said to have occurred on the date stated above, at 7:40 P.M.
 The principal cause of death and related causes of importance were as follows:
General Debility Date of onset _____

Other contributory causes of importance:
162

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? by
 If so, specify _____
 (Signed) P. D. Green, M. D.
 (Address) Richmond Mo.

