

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

Do not use this space.

35444

**1. PLACE OF DEATH**

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

**2. FULL NAME** Edward R. William

(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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Josephine William (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 10 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cell Operator  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

13. NAME John William

14. BIRTHPLACE (CITY OR TOWN) Richmond, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Marie Ridgway

16. BIRTHPLACE (CITY OR TOWN) Richmond, Mo. (STATE OR COUNTRY)

17. INFORMANT Albert William (ADDRESS) Richmond, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond, Mo. DATE 10-22-31 19

19. UNDERTAKER E. M. Jones (ADDRESS) Richmond, Mo.

20. FILED Oct 23, 1931 E. E. Jones Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21 -, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to Oct 20, 1931  
 I last saw him alive on Oct 21, 1931. Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of mandible Date of onset Do not know  
45 D  
71 B 45 D  
 Other contributory causes of importance: General Anemia

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? No  
 If so, specify \_\_\_\_\_

(Signed) Anna McNeish, M. D.

(Address) Richmond, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 2 1931

