

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

Do not use this space.

16562

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. 50

2. FULL NAME Harry 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ANN Daniels. (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1964

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Wales

13. NAME David Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

15. MAIDEN NAME ANN Myers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

17. INFORMANT Maxine Williams. (ADDRESS) Richmond, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE 4-18, 1936

19. UNDERTAKER C. M. Joiner. (ADDRESS) Richmond

20. FILED 5-7, 1936 G. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1935, to 4-17, 1936

I last saw him alive on 4-17, 1936. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Other contributory causes of importance:
Anthrax

Name of operation _____ Date of _____
 What test confirmed diagnosis? P. & X-Ray Was there an autopsy? No.

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? yes
 If so, specify Coal miner, all his life

(Signed) Harry M. Griffith, M. D.
 (Address) Richmond, Mo

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.

