

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

Do not use this space.

14491

1. PLACE OF DEATH

County Ray Co Registration District No. 743
Township Fishing River Primary Registration District No. 6237
City (No.) St. Ward

File No.
Registered No. 21

2. FULL NAME

James Oliver 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/15 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower

I HEREBY CERTIFY, That I attended deceased from , 1928, to , 1928, and that death occurred, on the date stated above, at 4:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/30 1853

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 0 15

Went suddenly to room with him but a son. Don't know cause of death.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employee) (c) Name of employer

CONTRIBUTORY (SECONDARY) Had been a chronic sufferer of heart disease (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Doc Williams

DID AN OPERATION PRECEDE DEATH? DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

WAS THERE AN AUTOPSY?

12. MAIDEN NAME OF MOTHER Elyza White

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) C.V. Gibson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

Apr 17, 1928 (Address) Ynd. East Texas

14. INFORMANT (Address) Fred Williams
Ornick Mo

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

15. FILED Apr 17 1928 L.E. Ellis REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rowland Cemetery DATE OF BURIAL 4/16 1928

20. UNDERTAKER C.V. Gibson ADDRESS Ornick 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.

