

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

Do not use this space.

20535

**1. PLACE OF DEATH**

County Ray  
Township Richmond  
City Richmond (No. ....)

Registration District No. 7440  
Primary Registration District No. 3035

File No. 48  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

John Kenneth Williams  
(a) Residence, No. Richmond Mo St., ..... Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 3 yrs. 9 mos. 7 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 14 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
3 9 7

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) Richmond Mo (STATE OR COUNTRY)

13. NAME Bennie Williams

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

15. MAIDEN NAME Agnes Mooney

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

17. INFORMANT Harry Williams (ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond City Cem DATE June 22 1932

19. UNDERTAKER O. M. Farmer (ADDRESS) Richmond Mo

20. FILED 7-9 1932 E. E. Gray Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18 1932 to June 21 1932

I last saw him alive on June 21 1932 Death is said to have occurred on the date stated above, at 9 A. m.

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

Parelysis following Diphtheria Date of onset

10  
10

Other contributory causes of importance: Diphtheria

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? hu  
If so, specify.....

(Signed) E. D. Green, 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.

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

89664  
97103

