

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

Do not use this space.

JUL 31 1937

24890

1. PLACE OF DEATH

County Ray Registration District No. 740 File No. _____
 Township Crooked river Primary Registration District No. 5015 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Victor 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 (OR) WIFE OF Nora Bell Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-3 1891

7. AGE YEARS 45 MONTHS 11 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Sept 27 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rayville Mo

FATHER 13. NAME George Williams

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

MOTHER 15. MAIDEN NAME Bell Harris

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

17. INFORMANT Mary Stautinore (ADDRESS) Hardin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin Mo DATE June-9-1937

19. UNDERTAKER Jno W. Knipruehl (ADDRESS) Hardin Mo

20. FILED June 8 1937 H. K. Wilkford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1937, to June 7, 1937

I last saw him alive on June 7, 1937. Death is said

to have occurred on the date stated above, at 1049, m.

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

Typhoid Fever Date of onset May 20/37

 Other contributory causes of importance:
Mitral Regurgitation 10 yrs
Chronic Rheumatism 15 yrs

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) Marvin Drums, M. D.
 (Address) Hardin 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.

