

S. No. 2  
OM-2-43  
y. 5-17-39  
-1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34342

FILED NOV 8 1944

Registration District No. 130

Primary Registration District No. 5327

Registrar's No. 1

300

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Hickory  
(b) City or town Rural Tyler Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution. (Specify whether

In this community Rife  
years, months or days)

3. (a) PRINT FULL NAME Tipton Williams

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lella Williams 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 7 1973  
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Hickory Co. Mo. D  
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own Farm

12. Name Elyah Williams

13. Birthplace Polk Co. Mo. D  
(City, town or county) (State or foreign country)

14. Maiden name Ellen Coon

15. Birthplace Hickory Co. Mo. D  
(City, town or county) (State or foreign country)

16. (a) Informant F. Lee Williams

(b) Address 2048 W. Main Springfield, Mo.

17. (a) Burial (b) Date thereof Oct 17, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCracken Cemetery

18. (a) Signature of funeral director W. H. Summ

(b) Address Shumanville Mo.

19. (a) Oct 19, 1944 (b) W. H. Summ  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory 43

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. Tyler Township (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15  
year 1944 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from Sept - 1 - 1944 to Oct 15 - 1944  
that I last saw him alive on Oct - 14 - 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Sclerosis Duration Several hrs

Due to

Due to

Other conditions  AM  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?   
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?  (Specify type of place) (c) Means of injury

23. Signature J. S. Johnston (M. D. or other)

Address Wheatland Mo Date signed Jan 16, 44