

Registration Dist. No. 32-A **STANDARD CERTIFICATE OF DEATH** 55 009266
Registrar's No. 46 Division of Vital Statistics - State Board of Health
Birth No. _____ State of South Carolina State File No. _____

1. PLACE OF DEATH: (a) County <u>Marion</u>		2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission) (a) State <u>S.C.</u> (b) County <u>Marion</u>	
(b) City or town (If outside corporate limits, write RURAL and give township) <u>Marion</u>		(c) City or town (If outside corporate limits, write RURAL and give township) <u>Pendleton</u>	
(d) Full name of hospital or institution: (If not in hospital or institution, give street address or location) <u>Marion Memorial Hospital</u>		(d) Street address (If rural, give location) <u>Rte. 1, Mullins, S.C.</u>	

3. NAME OF DECEASED: a. (First) Press b. (Middle) Williams c. (Last) Williams
(Type or Print) →

4. Date of death: (Month) (Day) (Year) 6-9-1955
5. Sex: M 6. Color or race: Col. 7. Married, never married, widowed, divorced: (Specify) Married 8. Date of birth: 1-6-92 9. Age: (In years last birthday) 63 If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____

10a. Usual occupation: (Give kind of work done during most of working life, even if retired) Farming 10b. Kind of business or industry: Share Cropper 11. Birthplace: (State or foreign country) Marion County, S.C., U.S.A. 12. Citizen of what country? U.S.A.

13a. Father's name: Alonso Nichols 13b. Mother's maiden name: Ada Williams 14. Husband or wife's name: Vallie J. Williams

15. Was deceased ever in U. S. armed forces? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 10-6-17; 12-28-18 16. Social Security No. None 17. Informant: Beatrice Meares

18. Cause of Death: Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <u>Home</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6-6-55-6-9-55</u>
	I. Disease or condition directly leading to death*(a) <u>Cerebral Hemorrhage</u>		
	Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last Due to (b) <u>Cardio-Vascular Disease</u> Due to (c) _____		
II. Other significant conditions: Conditions contributing to the death but not related to the disease or condition causing death.		<u>H 2 2 1</u>	

19a. Date of operation: _____ 19b. Major findings of operation: _____ 20. Autopsy? YES NO

21a. Accident (Specify) _____ 21b. Place of injury: (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (City, Town, or Township) _____ (County) _____ (State) _____

21d. Time (Month) (Day) (Year) (Hour) of injury: _____ 21e. Injury occurred: While at work Not while at work 21f. How did injury occur? _____

22. I hereby certify that I attended the deceased from 6-6-1955 to 6-9-1955, that I last saw the deceased alive on 6-8-1955, and that death occurred at 1245 A.M., from the causes and on the date stated above.

23a. Signature: [Signature] (Degree or title) M.D. 23b. Address: Marion, S.C. 23c. Date signed: 6-17-55

24a. Burial, _____ (Specify) Burial 24b. Date: 6-12-55 24c. Name of cemetery or crematory: Green Lawn Memorial 24d. Location: (City, town, or county) (State) Marion, S.C.

Date rec'd by local registrar: June 20, 1955 Registrar's signature: [Signature] 25. Funeral director: McConnell's Funeral Home Address: Marion, S.C.

MARGIN RESERVED FOR BINDING
N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. 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.