

Williams, James Oscar 1875 - 1952

Lexington Herald - October 30, 1952

James Oscar Williams
PARIS, Ky., Oct. 29—James Oscar Williams, 76, died at 9 o'clock tonight at his home on Hermon street after a long illness. He was a native of Lewis county. He is survived by his wife, Mrs. Anna Frances Williams; four daughters, Mrs. Everett Taylor, Mrs. Howard Mitchell, Mrs. Grover Case and Mrs. Kenney Edgington, all of Paris; four sons, James E. Williams, Paris; Harry Williams, Cincinnati; Thomas Harrison, Paris, and John Harrison, Covington; one sister, Mrs. Viola Brown, Maysville; one brother, Norman Williams, Newport, and eight grandchildren. The body is at the Davis funeral home. Funeral arrangements are incomplete.

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Form V. R. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		52 22596 FILE NO. 116
Registration District No. <u>90</u>		Primary Registration District No. <u>2040</u>		
1. PLACE OF DEATH a. COUNTY <u>Bourbon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Bourbon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>234 Harmon St.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>234 Harmon St.</u>		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Paris</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Paris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1952</u>		
3. NAME OF DECEASED a. (First) <u>James Oscar Williams</u> (Type or Print)		b. (Middle) c. (Last)		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>Dec. 20, 1875</u>	9. AGE (In years and birthday) <u>76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Lewis County Ky.</u>	
12. FATHER'S NAME <u>Samuel S. Williams</u>		14. MOTHER'S MAIDEN NAME <u>Helen Browning</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Mrs. Everett Taylor</u>		
18. CAUSE OF DEATH (Enter only one cause and the for (a), (b), and (c))		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
*This does not mean the mode of dying, such as heart failure, suffocation, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial degeneration</u>		<u>6 months</u>
		DUE TO (c)		
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infected leg ulcers</u>		<u>1 year</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222-081-17</u>		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT (Specify) <u>HOMICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Aug 10, 1952</u> to <u>Oct 29, 1952</u> , that I last saw the deceased alive on <u>Oct 27, 1952</u> , and that death occurred at <u>9:00 P.M.</u> from the causes and on the date stated above.				
23a. DATE SIGNED <u>10/30/52</u>		23b. ADDRESS <u>Paris, Ky.</u>		23c. SIGNATURE <u>Archie Daniel M.D.</u> (Doctor or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/31/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Paris Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Paris, Ky.</u>
25a. DATE REC'D BY REG. <u>10/30/52</u>		25b. REGISTRAR'S SIGNATURE <u>Lavabette R. Orr</u>		26. FUNERAL DIRECTOR <u>Davis Funeral Home, Paris, Ky.</u> ADDRESS