MAY 25 1927

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

Do not use this space.

11095

File No.

Registered No. 80

1. PLACE OF DEATH

County: Butler — Registration District No. 89

Township: Poplar Bluff — Primary Registration District No. 3027

City: Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME: Fairview Williams

(a) Residence. No. 1004 Garfield 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: female

4. COLOR OR RACE: Colored

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): Feb. 16, 1910

7. AGE: Years 17 | Months 2 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Lee County
(STATE OR COUNTRY): Arkansas

PARENTS

10. NAME OF FATHER: Junious William

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Lee County
(STATE OR COUNTRY): Arkansas

12. MAIDEN NAME OF MOTHER: Cornelia Axum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Lee County
(STATE OR COUNTRY): Arkansas

14. INFORMANT: Junious Williams
(Address): 1004 Garfield St. Poplar Bluff Mo.

15. FILED 5-7-, 1927 W. S. Bailey, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 27 1927

17. I HEREBY CERTIFY, That I attended deceased from 4-25-, 1927, to 4-27, 1927 that I last saw h. alive on 4-, 27, 1927, and that death occurred, on the date stated above, at 2:55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid Fever

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Hemorrhage

(duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....

D DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Test

(Signed) A. J. Clay M. D

5-7-, 1927 (Address) Poplar Bluff Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Magnana Ark. — DATE OF BURIAL: May 1, 1927

20. UNDERTAKER: A W Green, Poplar Bluff, Mo. — ADDRESS

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.