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.

SEP 28 1927

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

Do not use this space.

27061

1. PLACE OF DEATH

County: Howard — Registration District No. 378

Township: — Primary Registration District No. 4222

City: Lafayette (No. ..... St. ..... Ward)

File No. ..... Registered No. 33

2. FULL NAME Infant of D. K. Williams Unnamed

(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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-3-'27

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

8. OCCUPATION OF DECEASED —

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Lafayette
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER D. K. Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lafayette
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Margaret Boston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana

14. INFORMANT D. K. Williams
(Address) Lafayette Mo.

15. FILED 10-4 1927 V. A. Bonham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

/

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-3 1927

17.

I HEREBY CERTIFY, That I attended deceased from 9-3, 1927, to 9-3, 1927, that I last saw h. alive on 9-3, 1927, and that death occurred, on the date stated above, at 9.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature infant of eclamptic mother.
lived 3 hrs.
159 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 160 (duration) ..... yrs. ..... mos. ..... ds.

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

(O) DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Induced labor
(Signed) Wm. J. Shaw, M. D
, 19 (Address) Lafayette, 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 Walnut Ridge — DATE OF BURIAL 9-4 1927

20. UNDERTAKER Guy T. Halley — ADDRESS Lafayette, Mo.