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.

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

Do not use this space.

27671

1. PLACE OF DEATH
County: Lawrence — Registration District No.: 467 — File No.:
Township: Aurora — Primary Registration District No.: 4280 — Registered No.: 75
City: Aurora (No. ..... St. ..... Ward)

2. FULL NAME: Francis Marion Williams
(a) Residence. No. 315 E Colfax St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Cynthia Jane Wi
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 19 1843
7. AGE: Years 83 | Months 8 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: Miller
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN): Lawrence Co
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER:
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Va
12. MAIDEN NAME OF MOTHER:
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Va

14. INFORMANT: Chas Williams
(Address): Aurora Mo
15. FILED 9/13, 1927 R W Smart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 12 1927
17. I HEREBY CERTIFY, That I attended deceased from Never not attended since Only Saw that I last saw him alive on after death, 19 27, and that death occurred, on the date stated above, at 5:00 or 6:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Found dead in his bed
Probably Aortic Insufficiency
9 yrs
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Arteria-sclerosis
(duration) 1 yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
(1) DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Post mortem Examination
(Signed) L. N. Townsend, M. D
9-13, 1929 (Address) Aurora 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: Maple Park Cem — DATE OF BURIAL: 9/13 1927
20. UNDERTAKER: King and Co — ADDRESS: Aurora

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

N. B.—Every item of information should be currently 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.

1. PLACE OF DEATH

County: Lawrence — Registration District No.: 467 — File No.:

Township: Aurora — Primary Registration District No.: 4280 — Registered No.: 75

City: Aurora (No. ..., ..., St., Ward)

2. FULL NAME: Francis Marion Williams

(a) Residence. No. 315 E. Confiner 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
M	W	M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF: Cuthrie Jane Williams

6. DATE OF B[redacted] (MONTH, DAY AND YEAR)

7. AGE	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
83	8	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Miller

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Lawrence Co

(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY): Va.

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY): Va.

14. INFORMANT: Chas Williams

(Address): Aurora Mo

15. FILED 9/13, 1927 — R W Sweet, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1927, to Sept 1927, 19..., that I last saw b. alive on Sept 12 1927, and that death occurred, on the date stated above, at 5 or 6 o'clock P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Found dead in bed probably Acute dilatation of heart

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Artero-sclerosis

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Post Mortem Examination

(Signed) S. N. Lawrence, M. D.

9/13, 1927 (Address) Aurora, 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Maple Park Cem	9/13 1927
20. UNDERTAKER	**ADDRESS**
King Und Co	Aurora, Mo

SUPPLEMENTARY