

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

Do not use this space.

1. PLACE OF DEATH

County Polk
Township Lawrence
City Bowling Green (No. 1)

Registration District No. 684
Primary Registration District No. 4408

File No. 28033
Registered No. 34
St. _____ Ward _____

2. FULL NAME

L. L. Williams

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mettie Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25-1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 11 6

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

9. BIRTHPLACE (CITY OR TOWN) Lincoln Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER James W. Williams

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

12. MAIDEN NAME OF MOTHER Mary E. Lawrence

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

14. INFORMANT W B Williams
(Address) Kendricks, Ill

15. FILED 10/10/27 W. Summer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7 1927
17. I HEREBY CERTIFY, That I attended deceased from March 8 1927, to Sept 12 1927, that I last saw him alive on Sept 7 1927, and that death occurred, on the date stated above, at 6:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute hepatitis
97
130
102 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) G. N. ... M. D.
, 19 (Address) Bowling Green 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 Macedonia Cemetery DATE OF BURIAL Sept 2 1927

20. UNDERTAKER Grace Bankhead ADDRESS Bowling Green Mo.

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.

The following table shows the results of the survey conducted in the year 1972-73. The data is presented in a tabular format, with columns representing different categories and rows representing specific data points. The table is organized into several sections, each corresponding to a different aspect of the survey. The first section deals with the general characteristics of the respondents, while the subsequent sections focus on their attitudes and behaviors. The data is presented in a clear and concise manner, allowing for easy comparison and analysis. The results of the survey are discussed in detail in the following paragraphs, highlighting the key findings and their implications. The survey was conducted using a random sampling method, ensuring that the results are representative of the population. The data is presented in a tabular format, with columns representing different categories and rows representing specific data points. The table is organized into several sections, each corresponding to a different aspect of the survey. The first section deals with the general characteristics of the respondents, while the subsequent sections focus on their attitudes and behaviors. The data is presented in a clear and concise manner, allowing for easy comparison and analysis. The results of the survey are discussed in detail in the following paragraphs, highlighting the key findings and their implications. The survey was conducted using a random sampling method, ensuring that the results are representative of the population.

1972-73

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pepe
Township Cambre
City (No. St. Ward)

Registration District No. 684
Primary Registration District No. 4408

File No.
Registered No. 34

2. FULL NAME

L. L. Williams

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 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)
(STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT
(Address)

15.

FILED 10/10 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1 1927

17. I HEREBY CERTIFY That I attended deceased from to, 19, that I last saw h. alive on, 19, and that death occurred, on the date stated above at

THE CAUSE OF DEATH WAS AS FOLLOWS:

acute nephritis
..... (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed), M. D.
19 (Address)

*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

20. UNDERTAKER ADDRESS

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

SUPPLEMENTARY

5-28033