JAN 24 1928

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

Do not use this space.

33350

1. PLACE OF DEATH
County Howell
Township
City West Plains Mo (No. ..... St. ..... Ward)
Registration District No. 384
Primary Registration District No. 4277
File No. 105
Registered No. .....

2. FULL NAME Leslie Lauren 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
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) May 31, 1924

7. AGE: Years 3 | Months 5 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) Carroll Co
(STATE OR COUNTRY) Ark.

PARENTS
10. NAME OF FATHER Albert Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Wayne Co. Mo.
12. MAIDEN NAME OF MOTHER Gladys Jackson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Carroll Co. Ark.

14. INFORMANT Albert Williams
(Address) West Plains, Mo

15. FILED 11-7-1927 O P A Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Nov 6, 1927, that I last saw him alive on Nov 6, 1927, and that death occurred, on the date stated above, at 11.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Oedemalaus
Laryngitis
105A
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) 98B
(duration) ..... yrs. ..... mos. ..... ds.

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) L. E. Toney, M. D.
11-7-1927 (Address) West Plains 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: Langston Cem.
DATE OF BURIAL: 11-7-1927

20. UNDERTAKER: Mrs Emma Garrison, acting
ADDRESS: West Plains Mo

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.