MAY 29 1928

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

Do not use this space.

12185

1. PLACE OF DEATH
County: Audrain — Registration District No. 912
Township: — Primary Registration District No. 4550
City: Vandalia (No. ..... St. ..... Ward)

File No. .....
Registered No. 15

2. FULL NAME Mrs. C. F. 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: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19 1857

7. AGE: Years 70 — Months 9 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Leamerchine
(STATE OR COUNTRY) England

PARENTS
10. NAME OF FATHER John Humble.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) England.
12. MAIDEN NAME OF MOTHER Sarah Kinow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) England.

14. INFORMANT Fred Williams
(Address) Vandalia Mo

15. FILED Apr 19 1928 Mollie Fugua REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1928

17. I HEREBY CERTIFY, That I attended deceased from June, 1925, to April 17, 1928, that I last saw h. liv. alive on April 16, 1928, and that death occurred, on the date stated above, at 1 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart disease
928 [illegible]
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (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) H. H. Bland, M. D.
Apr 17, 1928 (Address) Vandalia

*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: Vandalia. Mo. — DATE OF BURIAL: Apr. 18 1928

20. UNDERTAKER: W. S. Water — ADDRESS: Vandalia

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.