29 1928

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

Do not use this space.

12195

1. PLACE OF DEATH
County Barry — Registration District No. 30 — File No.
Township — Primary Registration District No. 3003 — Registered No. 34
City Monett (No. ..., ... St. ..... Ward)

2. FULL NAME Infant of Mr & Mrs Frank E 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: F
4. COLOR OR RACE: W
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) April 21, 1928

7. AGE: — Years ✓ Months ✓ Days ✓ If LESS than 1 day, 1 hrs. or 40 min.

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

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

PARENTS
10. NAME OF FATHER Frank E. Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Barry Co Mo
12. MAIDEN NAME OF MOTHER Thelma Black
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Barry Co Mo

14. INFORMANT Frank E. Williams
(Address) Monett Mo

15. FILED 4-21, 1928 W. M. West REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April - 21 1928

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1928, to April 21, 1928 that I last saw her alive on April 21, 1928 and that death occurred, on the date stated above, at 2 o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pre mature birth
1 Cal 157
(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? no
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) T. E. Hasting, M. D.
, 19 (Address) Monett 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~~ Springriver Cemetery — DATE OF BURIAL 4/21 1928

20. UNDERTAKER Callaway — ADDRESS Mon

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.