

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

Do not use this space.

16178

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph, Mo. Primary Registration District No. 1001
 City St. Joseph, Mo. No. Missouri Methodist Hos. St. 567 (Ward)

2. FULL NAME Annie Williams
 (a) Residence. No. Easton Missouri St. Easton Missouri Ward. Easton Missouri
 (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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. C. Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 Unknown

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

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

10. NAME OF FATHER Herion Wilson

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

12. MAIDEN NAME OF MOTHER Dot Mitchell

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

14. INFORMANT L. C. Williams (Address) Easton Mo

15. FILED MAY 7 1928 John S. W. Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1 1928, to May 4 1928 that I last saw her alive on May 4 1928, and that death occurred, on the date stated above, at 9:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Aluminous Nephritis
90 yr (duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Metrial insufficiency
4 (duration) 3 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED 129 A
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF -
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W W Tadlock M. D.
h/p, 1928 (Address) St Joseph 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 Easton Mo DATE OF BURIAL May 7 1928

20. UNDERTAKER Elmer Funeral Home ADDRESS 1208 Francis

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.

