

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence Registration District No. 468 File No. 24314  
Township Buck Prairie Primary Registration District No. 5629 Registered No. 23  
City Marionville (No. R.F.D.) St. \_\_\_\_\_ Ward)

2. FULL NAME

Mary Payne Williams  
(a) Residence No. R.F.D. Marionville 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

2. SEX FEMALE 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) JAN 13 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
20 6 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Barry County  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER M. G. Williams

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

12. MAIDEN NAME OF MOTHER Made Wilson

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

14. INFORMANT M. G. Williams  
(Address) Marionville Mo.

15. FILED 7-20, 1928 R. Andrews  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/18 19 28

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1928, to July 18, 1928, that I last saw her alive on July 18, 1928, and that death occurred, on the date stated above, at 2:35 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Typhoid fever

79A (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Meningitis  
(duration) yrs. mos. 10 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) W. M. Holmes, M. D.

7-18, 1928 (Address) Marionville 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 Maple Park, Aurora DATE OF BURIAL 7/20 1928

20. UNDERTAKER King Funeral Home Aurora Mo. ADDRESS

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.

