

SEP 24 1928

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

Do not use this space.

26343

1. PLACE OF DEATH  
 County Andrain Registration District No. 26  
 Township Salt River Primary Registration District No. 3002  
 City Mexico St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Linda Elizabeth Williams  
 (a) Residence. No. Ladonia Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. \_\_\_\_\_  
 Registered No. 126

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) or (or) WIFE of George Williams  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27-1864  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
63 7 24  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.  
 10. NAME OF FATHER Bailey Parsons  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 12. MAIDEN NAME OF MOTHER Sarah Keith  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. Georgia Stuart  
 (Address) St. Louis Mo.

15. Aug 27th 1928 Ira S. Milligan  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20-1928  
 17. I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Aug 20, 1928, that I last saw him alive on Aug 19, 1928, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Duodenum  
46 1/2 (duration) 2 yrs. mos. da.  
 CONTRIBUTOR (SECONDARY) 45 (duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Andrain CO  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? Physical finding  
 (Signed) W. H. McCall, M. D.  
8-21-1928 (Address) Ladonia 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 Ladonia Mo DATE OF BURIAL Aug 21 1928  
 20. UNDERTAKER H. Granger Ladonia 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.

Handwritten notes on the left side of the page, including the name "W. H. ...".

Handwritten notes in the upper middle section, possibly containing a list or series of entries.

A single line of handwritten text, possibly a signature or a specific note.

Handwritten notes on the right side of the page, appearing as a separate entry or section.

Handwritten notes at the bottom right of the page, possibly a continuation of the previous entries.