

27-1928

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi
Township Mississippi
City Charleston

Registration District No. 566
Primary Registration District No. 3030

File No. 27937
Registered No. 71
St. _____ Ward _____

2. FULL NAME

Audrey Williams

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. _____ da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. COLOR OR RACE Black | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, _____ hrs. or _____ min.
Abou 71

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INDEMNANT X Elberta Williams
4018 S. St. Louis Mo.

15. Aug 19th 1928 F. S. Horn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 6:50 AM -
16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-18 1 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 1 1928 to Aug 18 1928 that I last saw him alive on Aug 15 1928, and that death occurred, on the date stated above, at 6:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis with terminal oedema of lungs (few hours)
(duration) 5 yrs. _____ mos. _____ da.

CONTRIBUTORY Arterio-sclerosis
(SECONDARY) (duration) 5 yrs. _____ mos. _____ da.

18. WHERE DISEASE CONTRACTED 1290 131
IF NOT AT PLACE OF DEATH 97

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____ 111B
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) W. S. Love M. D.
9/18 1928 (Address) Charleston, 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 Oak Grove Cemetery DATE OF BURIAL 8-19 1928

20. UNDERTAKER F. S. Horn ADDRESS Charleston Mo.

N. B.—Every item of information should be carefully supplied. AGE should be edited EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Love