

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

Do not use this space.

34317

1. PLACE OF DEATH

County Wodaway
Township Wodaway
City Wodaway

Registration District No. 618
Primary Registration District No. 0820

File No.
Registered No.
St. Ward)

2. FULL NAME

Allen E. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Samuel Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 4 12

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (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) Ohio

10. NAME OF FATHER Christian Beaver

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

12. MAIDEN NAME OF MOTHER Sydia Hastings

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

14. INFORMANT Samuel Williams (Address) Burlington June 1st

15. FILED Oct 17 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7 1928

17. I HEREBY CERTIFY, That I attended deceased from July 17 1928, to Oct 7 1928, that I last saw h. alive on Oct 6 1928, and that death occurred, on the date stated above, at 12-15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral hemorrhage

CONTRIBUTORY Chronic nephritis (SECONDARY) (duration) 10 yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF ... WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) W. M. Kinderman, M. D. 10-9-1928 (Address) Burlington, 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 Ohio Cemetery DATE OF BURIAL 10-9 1928

20. UNDERTAKER Eric Fur 2 Maryville 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.

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