

NOV 22 1928

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

Do not use this space.

34505

1. PLACE OF DEATH
 County Randolph Registration District No. 735
 Township Sugar Creek Primary Registration District No. 8034
 City Ingersoll (No.) St. Ward

2. FULL NAME Jellie Williams
 (a) Residence No. 513 Patton 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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE col.
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
 5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Williams
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17, 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 17 26
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Junk Dealer
 (b) General nature of industry, business, or establishment in which employed (or employer)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13 1928
 17. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1928, to Oct. 13, 1928, and that I last saw her alive on Oct. 5, 1928, and that death occurred, on the date stated above, at 2:25 P.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
131 936 1214
 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Chronic Nephritis
 (duration) yrs. mos. da. 3 years

9. BIRTHPLACE (CITY OR TOWN) Howard County
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Simmie Best
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Arkansas
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H. L. Longdon M. D.
Oct. 19, 1928 (Address) Moherly Mo

14. INFORMANT Samuel Lopez
(Address) 110 N. Madison Moherly

*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.

15. FILED 10/13 1928
D. J. Thompson REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oakland Cemetery DATE OF BURIAL Oct 16 1928

20. UNDERTAKER H. Minor ADDRESS Moherly

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

