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

Do not use this space.

7060

MAR 23 1929

1. PLACE OF DEATH
County: Lafayette — Registration District No.: 461 — File No.: 13
Township: — Primary Registration District No.: 3024 — Registered No.:
City: Lexington (No. ..... St. ..... Ward)

2. FULL NAME: Helen Marie Williams

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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

3. SEX: Female
4. COLOR OR RACE: Negro
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. 14, 1929

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
0	0	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Lexington
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Elmer Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Kansas City, Mo
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Arizona Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Lexington
(STATE OR COUNTRY): Missouri

14. INFORMANT: Mary Fields
(Address): Lexington, Mo

15. FILED: Feb. 12, 1929 — J. D. Cope, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from February 1, 1929, to February 10, 1929, that I last saw her alive on February 9, 1929, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
Influenza
..... (duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY): nothing
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) J. D. Ball, M. D.
Feb. 11, 1929 (Address) Lexington, Mo.

*State the DISEASE CAUSING DEATH, or if 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: Lexington Mo — DATE OF BURIAL: Feb. 11 1929
20. UNDERTAKER: Ernest Fegert — ADDRESS: Lexington Mo

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.