

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.

MAR 25 1929

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

7509

## 1. PLACE OF DEATH

County Pettis  
 Township Sedalia  
 City Sedalia (No. ....)

Registration District No. 668  
 Primary Registration District No. 3032

File No. ....  
 Registered No. 48  
 St. .... Ward)

## 2. FULL NAME

Ann Mildred Williams  
 (a) Residence. No. 206 So Grand St. 1 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10 - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
64 3 23

## 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) at Home  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Morgan Co  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER James F. Gancey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Proctor Co  
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lydia F. Norman

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

14. INFORMANT Dr E F Gancey  
 (Address) Sedalia Mo

15. FILED 2-5-29 J. Y. Love  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 30 1929 to Feb 5 1929 that I last saw him alive on Feb 5 1929, and that death occurred, on the date stated above, at 11:0 P.M.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza with  
Influenza meningitis  
11B non-contagious  
 (duration) .... yrs. .... mos. 4 ds.

CONTRIBUTORY (SECONDARY) none  
 (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED Do not know  
 IF NOT AT PLACE OF DEATH

2 DID AN OPERATION PRECEDE DEATH? no DATE OF no  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical diagnosis  
 (Signed) Chas. W. G., M. D.

Feb 5, 1929 (Address) Sedalia 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 Sedalia Mo DATE OF BURIAL Feb 5 1929

20. UNDERTAKER W. Laughlin Bros ADDRESS Sedalia

