

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

Do not use this space.

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11842

APR 30 1929

County *Sedalia*
Township *Sedalia*
City *Sedalia*

Registration District No. *668*
Primary Registration District No. *5889*

File No.
Registered No. *82*
St. Ward)

2. FULL NAME *Stanford Meade Williams*
(a) Residence. No. St. Ward.
(Usual place of abode)
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 *M* 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 *Talbin Williams*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept-12-1868*
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *60 5 12*
8. OCCUPATION OF DECEASED *Farmer*
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Mo*
(STATE OR COUNTRY)

10. NAME OF FATHER *W J Williams*

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

12. MAIDEN NAME OF MOTHER *Minnie Thomas*

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

14. INFORMANT *Mrs Stanford Williams*
(Address) *Sedalia mo*

15. FILED *3-26-29*
J. L. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from *Feb 15* to *Feb 20*, 1929, and that I last saw him alive on *Feb 20*, 1929, death occurred, on the date stated above, at *10 p. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bright's disease
Chronic Interstitial Nephritis
(duration) yrs. *3* mos. da.

CONTRIBUTORY (SECONDARY) *129 W*
(duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *Frank K. Maly*, M. D.
(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 *Crown Hill*
DATE OF BURIAL *3/6 1929*

20. UNDERTAKER *Gillespie*
ADDRESS *Sedalia*

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.

Mr. J. W. L. Moore
New York