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

13751

1. PLACE OF DEATH
County: Ar[illegible] Ar[illegible] Registration District No.: 26 File No.:
Township: Pettiville Primary Registration District No.: 3002 Registered No.: 51
City: Mexico (No. 322 W. Missouri Ave St. Ward)

2. FULL NAME: Flossie Collar Williams
(a) Residence (Usual place of abode): Dept of Andrews Hospital St., Ward. (If nonresident give city or town and State)
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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Roy May Williams
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 21 1893
7. AGE: Years 36 | Months 1 | Days 23 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN): Nashua
(STATE OR COUNTRY): Ill
PARENTS
10. NAME OF FATHER: Daniel Wickley
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ill
(STATE OR COUNTRY):
12. MAIDEN NAME OF MOTHER: Alice Wood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ill
(STATE OR COUNTRY):
14. INFORMANT: Roy May Williams
(Address): Mexico Mo
15. FILED: April 15th 1929 Ira J. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 14 1929
17. I HEREBY CERTIFY, That I attended deceased from Sept 1926, to Apr 14 1929, that I last saw her alive on Apr 14 1929, and that death occurred, on the date stated above, at 5 to 6 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic interstitial nephritis uremia and coma
Possibly several years. (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (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? Blood & urine
(Signed) Tom W Berry, M. D
, 19 (Address) Mexico 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: Parker McCrum DATE OF BURIAL: 4-16 1929
20. UNDERTAKER: H A Breckt & Son ADDRESS: Mexico Mo

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.

V. S. No. 2.