

May 29 1929

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

Do not use this space.

19061

1. PLACE OF DEATH *Alta*
 County *Alta* Registration District No. *698*
 Township *Winston* Primary Registration District No. *4420*
 City *Winston* (No. _____) St. _____ Ward _____

2. FULL NAME *Alta Williams*
 (a) Residence No. _____ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Blk</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED +HUSBAND OR (OR) WIFE OF <i>Geo Williams</i>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Oct 5 - 1878</i>				
7. AGE	YEARS <i>50</i>	MONTHS <i>7</i>	DAYS <i>0</i>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Housewife</i> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <i>Winston Mo</i> (STATE OR COUNTRY)				
PARENTS	10. NAME OF FATHER <i>Thos Hedge</i>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>			
	12. MAIDEN NAME OF MOTHER <i>Meloma Duncan</i>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>			
14. INFORMANT <i>Geo Williams</i> (Address) <i>Winston Mo</i>				
15. FILED <i>7 6 29</i> , 19 <i>29</i> <i>J. T. Mee</i> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May - 5 - 1929*

17. I HEREBY CERTIFY, That I attended deceased from *May 4* 19*29* to *May 5 - 1929* that I last saw her alive on *May 4 - 1929* and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral Hemorrhage
8 7 12

(duration) _____ yrs. _____ mos. _____ ds. *6 hours*

CONTRIBUTORY (SECONDARY) *Undetermined*
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED *Winston Mo*
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____
 WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical*
 (Signed) *Lewis C. Colvert*, M. D.
May 8 - 1929 (Address) *Winston, 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 *Laurel Hill* DATE OF BURIAL *May 7 1929*

20. UNDERTAKER *J. T. Mee* ADDRESS *Winston Mo*

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.

