

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

Do not use this space.

26820

**1. PLACE OF DEATH**

County White  
Township York  
City (No. ....) (No. ....)

Registration District No. 896  
Primary Registration District No. 8198

File No. ....  
Registered No. 26  
St. .... Ward

**2. FULL NAME** not named

(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
one day — — — —

8. OCCUPATION OF DECEASED  
(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) Marshfield  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Oscar Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marshfield  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Chas Reese

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

14. INFORMANT Oscar Williams  
(Address) Marshfield Missouri

15. FILED 6/30 1929 J.R. Bruce  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15, 1929

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1929 to July 16, 1929 that I last saw him alive on July 15, 1929 and that death occurred, on the date stated above, at ..... m.

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

6 1/2 Months Enteritis - 159  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mis currency  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home  
DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) W.T. Bellwatt M. D.  
7/15 1929 (Address) Turney Md

\*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 New Hope DATE OF BURIAL July 16 1929

20. UNDERTAKER Made casket ADDRESS

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.

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