

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

Do not use this space.

30618

1. PLACE OF DEATH

County Grundy
Township Madison
City (No. _____) _____ (St. _____ Ward)

Registration District No. 330
Primary Registration District No. 30A

File No. _____
Registered No. _____

2. FULL NAME

Anna Bell Williams
(a) Residence. No. Trenton, Mo. R.F.D. 3 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1929 to Sept 18, 1929 that I last saw her alive on Sept 18, 1929, and that death occurred, on the date stated above, at 8:20 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 1 - 1927

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 7 18

Broncho Pneumonia

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 107A
(duration) yrs. mos. 8 ds.
CONTRIBUTORY (SECONDARY) Whooping Cough
(duration) yrs. mos. 28 ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED
0 IS NOT AT PLACE OF DEATH. 99

10. NAME OF FATHER Ira Williams

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Myrtle Grimes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

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

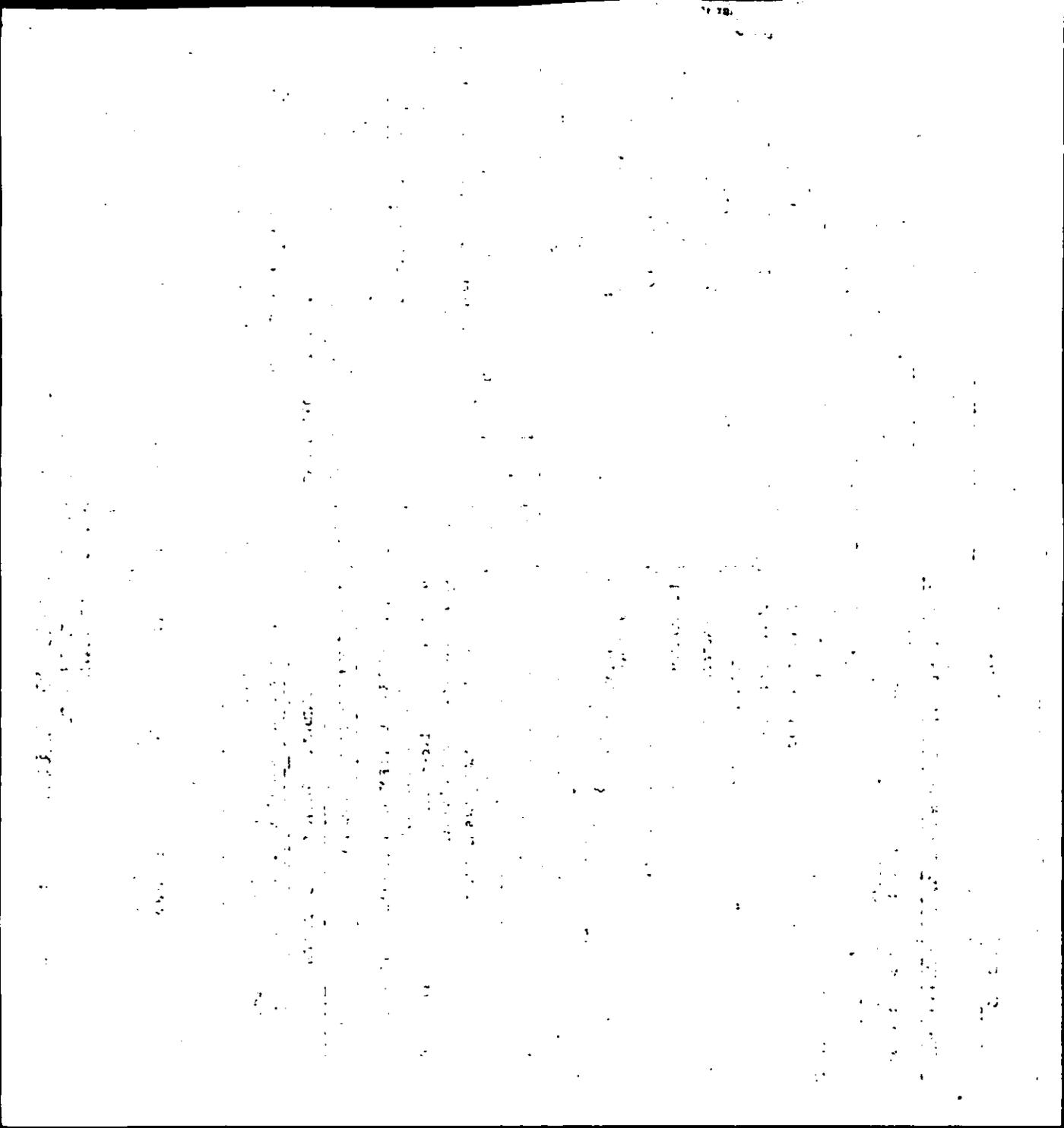
(Signed) Dr. Rooks, M. D.

14. INFORMANT Ira Williams
(Address) Trenton, R.F.D. #

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Vernon Melburn DATE OF BURIAL Sept 19 1929

15. FILED Sept 18 1929 G.A. Duffy REGISTRAR

20. UNDERTAKER Lipscomb ADDRESS Trenton



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Brunswick Registration District No. 326 File No. 82
 Township Madison Primary Registration District No. 3452 Registered No. 10
 City (No. St. Ward)

2. FULL NAME Anna Bell Williams
 (a) Residence. No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18 1929

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

17. I HEREBY CERTIFY that I attended deceased from Sept 10 1929 to Sept 18 1929 that I last saw him alive on Sept 6 1929, and that death occurred, on the date stated above, at 8:20 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 1 - 1927

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 5 17

Diphtheria (Pneumonia)
 (duration) yrs. mos. ds. 8

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

Whooping Cough
 (SECONDARY) (duration) yrs. mos. ds. 28

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

18. WHERE WAS DISEASE CONTRACTED

10. NAME OF FATHER Mr. Williams

IF NOT AT PLACE OF DEATH

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

12. MAIDEN NAME OF MOTHER Miss Gimes

WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) D. R. Brooks M. D.

14. INFORMANT Mrs. Williams
 (Address) Trenton RR

*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.

15. FILED Oct 31, 1929 Anna W. Price REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Mitchell Cem. Melton Sept 19 1929

20. UNDERTAKER ADDRESS
Gipson Trenton

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH in plain terms, so that it may be properly classified

