

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

Do not use this space.
31326

1. PLACE OF DEATH

County Macou
Township _____
City Macou (No. _____)

Registration District No. 533
Primary Registration District No. 3027

File No. _____
Registered No. 7#
St. _____ Ward _____

2. FULL NAME

Alice 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 11, 1849

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
	80	7	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Samuel Bryan

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

12. MAIDEN NAME OF MOTHER Elizabeth Higbee

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

14. INFORMANT Chas B. Williams
(Address) Macou, Mo

15. FILED 9/30 1929 Mrs Luke Tunkler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis

30 minutes (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) 10+ 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?
(Signed) L. J. Sumner, M. D.

9/17 1929 (Address) Macou, 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 Wakewood Cemetery DATE OF BURIAL Sept 18 1929

20. UNDERTAKER Albert Skinner ADDRESS Macou, 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.

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