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.

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

Do not use this space.

33208

1. PLACE OF DEATH
County Carroll — Registration District No. 135 — File No.
Township — Primary Registration District No. 30 10 — Registered No. 108
City Carrollton (No. ..... St. ..... Ward)

2. FULL NAME Lena 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: M. H. Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8-12-1884

7. AGE: YEARS 45 — MONTHS 1 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Ind.

PARENTS
10. NAME OF FATHER: Jas Darby
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: ~~Not known~~
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Julia Allen Ind

14. INFORMANT: M. H. Williams
(Address) Carrollton Mo

15. FILED 10-2, 1929 Mrs E. E. Farnham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-1 1929

17. I HEREBY CERTIFY, That I attended deceased from June, 1929, to Oct. 1, 1929, that I last saw her alive on Oct. 1, 1929, and that death occurred, on the date stated above, at 5:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uterus Carcinoma
48
46 (duration) 2 yrs. 4 mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct. 16-1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Charles S. Austin, M. D.
Oct. 2, 1929 (Address) Carrollton 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: Oak Hill — DATE OF BURIAL: 10-3 1929

20. UNDERTAKER: Standley — ADDRESS: Carrollton