

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

Do not use this space.

11289-a

1. PLACE OF DEATH

County..... Saline
Township.....
City..... Marshall (No.)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 55
St. Ward)

2. FULL NAME

Archie 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 1 1930

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

17. I HEREBY CERTIFY, that I attended deceased from Feb. 28, 1930, to Feb. 28, 1930, that I last saw h. alive on Feb. 28, 1930, and that death occurred, on the date stated above, at H. P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7, 1887

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mln.
43 10 22

108 Lobar Pneumonia

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

(duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) 101A (duration) yrs. mos. ds.

10. NAME OF FATHER Henry Henderson

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Home

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

12. MAIDEN NAME OF MOTHER Willie Crawford

WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

14. INFORMANT Matilda Green (Address)

(Signed) R. Williams M. D.

15. FILED 5-3 1930 Mrs. John H. McClure REGISTRAR

3-1-1930 (Address) Marshall 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 Blater. Cem.

DATE OF BURIAL Mar 2, 1930

20. UNDERTAKER Ferguson & Williams

ADDRESS Marshall, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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