

NOV 26 1930

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

Do not use this space.

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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.

1. PLACE OF DEATH  
 County Platte Registration District No. 692 File No. 30794  
 Township \_\_\_\_\_ Primary Registration District No. 4414 Registered No. \_\_\_\_\_  
 City Dearborn (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Archie Williams Jr.  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23rd 1930

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.  
X X 17

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1930, to Sept 10 1930 that I last saw him alive on Sept 10 1930 and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Premature birth at 8 months

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

15. (duration) X yrs. X mos. 17 ds.  
 CONTRIBUTORY Don't know  
 (SECONDARY) (duration) X yrs. X mos. 7 ds.

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

10. NAME OF FATHER Archie Williams

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

12. MAIDEN NAME OF MOTHER Lily Blackburn

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

18. WHERE WAS DISEASE CONTRACTED at place of death  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? no DATE OF None  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS lung test  
 (Signed) W. T. Moore M. D.  
Sept 10 1930 (Address) Dearborn Mo

14. INFORMANT Archie Williams  
 (Address) Dearborn Mo.

15. FILED Sept 20 30 W. T. Moore  
 REGISTRAR

\*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 Williams bur. DATE OF BURIAL Sept 11-26 1930

20. UNDERTAKER Lucian Davis ADDRESS Dearborn Mo.

