

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.

DEC 20 1930

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

Do not use this space.

32074^B

1. PLACE OF DEATH

County Rollinger
Township Marion
City Rollinger (No.)

Registration District No. 67
Primary Registration District No. 2702C

File No.
Registered No. 28
St. Ward)

2. FULL NAME

Julia 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
72 3 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(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) Cap. Guardian

PARENTS
10. NAME OF FATHER Holland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknew
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Hattie Lutter
(Address) Glenn Allen Mo

15. FILED 11-12 1930 Glenn Allen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 19 30

17. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1930, to Oct. 29, 1930, that I last saw him alive on Oct. 29, 1930, and that death occurred, on the date stated above, at 6-30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentery
13C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16C
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. B. Sanders, M. D.
, 19 (Address) Marble Hill, 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 DATE OF BURIAL
Glenn Allen Mo Oct 30 1930

20. UNDERTAKER ADDRESS
A. Baker Luttorville

