DEC 22 1930

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

Do not use this space.

36701

1. PLACE OF DEATH
County Linn
Township
City Brookfield (No. ..... St. ..... Ward)
Registration District No. 496
Primary Registration District No. 3025
File No.
Registered No. 86

2. FULL NAME Rachel L Williams
(a) Residence. No. 704 Mead St., 1st Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 62 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 2 1846

7. AGE: Years 84, Months 7, Days 26. 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) Unknown
(STATE OR COUNTRY) Wales.

PARENTS
10. NAME OF FATHER George Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Wales.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Wales

14. INFORMANT Frank Williams
(Address) 704 Mead St

15. FILED Nov 29, 1930 Thos. P. Fore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1930, to Nov. 28, 1930, that I last saw her alive on Nov 28, 1930, and that death occurred, on the date stated above, at 6:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic Pneumonia
(duration) ..... yrs. ..... mos. 5 ds.
CONTRIBUTORY (SECONDARY) Chronic myocarditis
(duration) 1 yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Same
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Usual
(Signed) C. C. Enoch D.D. ~~M.D.~~
, 19 (Address) Brookfield, 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: Rose Hill Cemetery
DATE OF BURIAL: 11-30 1930.

20. UNDERTAKER: Homer J Bowden
ADDRESS: Brookfield