

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

Do not use this space.

40284

**PLACE OF DEATH**

County Demiseat Registration District No. 651  
 Township Little Prairie Primary Registration District No. 4388  
 City Courthouseville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 169  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jessie 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 male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) exact date unknown  
 AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 39 8 ✓

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

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

10. NAME OF FATHER Sam Williams

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

12. MAIDEN NAME OF MOTHER W. J. Law

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) W. J. Law  
 (STATE OR COUNTRY)

14. INFORMANT Lulla Williams  
 (Address) Courthouseville 213th St

15. FILED Jan. 7, 1931 Ada Martin REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-20 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at 4:00 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Internal injuries  
Caused by accidental  
fall at his home  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 1850  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 1850  
 IF NOT AT PLACE OF DEATH 1948

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) James S. Dickey, M. D.  
Dec. 20, 1930 Briggsville Mo

\*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) WHETHER ACCIDENTAL, SUICIDAL, or HOMICIDAL. (Accidental)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mason Cemetery  
Courthouseville, Mo. DATE OF BURIAL 12-23 1930

20. UNDERTAKER Wm Hardrick ADDRESS Courthouseville Mo.

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.

JAN 21 1931

