

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

Do not use this space.

733

1. PLACE OF DEATH

County Le. Kalk Co  
Township Nallas  
City Nallas (No. 5-366)

Registration District No. 259  
Primary Registration District No. 267

File No. 733  
Registered No. 5-366 St.        Ward       

2. FULL NAME Zerelda J. Williams

(a) Residence. No.        St.        Ward.         
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marion Williams</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 26-1858</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>X</u>	DAYS <u>25</u>
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) 235  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Le Kalk Co Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Benjamin Henry  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 7 by  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Marion Mills  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 7 by  
(STATE OR COUNTRY)

14. INFORMANT Delbert Williams  
(Address) Mayville Mo

15. FILED Feb 3 1931 Mrs. K. Miller  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-21-1931  
17. I HEREBY CERTIFY, That I attended deceased from Jan 21 to Jan 21, 1931  
that I last saw him alive on Jan 21, 1931, and that death occurred, on the date stated above, at 11:25 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Left Lob. Pneumonia

18. WHERE WAS DISEASE CONTRACTED 36 hours (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) weak heart (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at her home  
IF NOT AT PLACE OF DEATH.  
DID AN OPERATION PRECEDE DEATH? no DATE OF ①

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Clinical Symptoms  
(Signed) John M. Brown M. D.  
, 19        (Address) Mayville 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 To airport mo DATE OF BURIAL 1-24-31

20. UNDERTAKER Ed Brown Patersonburg mo ADDRESS

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.

Feb 18 1931

11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100

101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116  
117  
118  
119  
120  
121  
122  
123  
124  
125  
126  
127  
128  
129  
130  
131  
132  
133  
134  
135  
136  
137  
138  
139  
140  
141  
142  
143  
144  
145  
146  
147  
148  
149  
150  
151  
152  
153  
154  
155  
156  
157  
158  
159  
160  
161  
162  
163  
164  
165  
166  
167  
168  
169  
170  
171  
172  
173  
174  
175  
176  
177  
178  
179  
180  
181  
182  
183  
184  
185  
186  
187  
188  
189  
190  
191  
192  
193  
194  
195  
196  
197  
198  
199  
200

201  
202  
203  
204  
205  
206  
207  
208  
209  
210  
211  
212  
213  
214  
215  
216  
217  
218  
219  
220  
221  
222  
223  
224  
225  
226  
227  
228  
229  
230  
231  
232  
233  
234  
235  
236  
237  
238  
239  
240  
241  
242  
243  
244  
245  
246  
247  
248  
249  
250  
251  
252  
253  
254  
255  
256  
257  
258  
259  
260  
261  
262  
263  
264  
265  
266  
267  
268  
269  
270  
271  
272  
273  
274  
275  
276  
277  
278  
279  
280  
281  
282  
283  
284  
285  
286  
287  
288  
289  
290  
291  
292  
293  
294  
295  
296  
297  
298  
299  
300

301  
302  
303  
304  
305  
306  
307  
308  
309  
310  
311  
312  
313  
314  
315  
316  
317  
318  
319  
320  
321  
322  
323  
324  
325  
326  
327  
328  
329  
330  
331  
332  
333  
334  
335  
336  
337  
338  
339  
340  
341  
342  
343  
344  
345  
346  
347  
348  
349  
350  
351  
352  
353  
354  
355  
356  
357  
358  
359  
360  
361  
362  
363  
364  
365  
366  
367  
368  
369  
370  
371  
372  
373  
374  
375  
376  
377  
378  
379  
380  
381  
382  
383  
384  
385  
386  
387  
388  
389  
390  
391  
392  
393  
394  
395  
396  
397  
398  
399  
400



S-733