

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

Do not use this space.

9231

1. PLACE OF DEATH

County Cole
Township Clark
City..... (No.....,

Registration District No. 212
Primary Registration District No. 5292

File No.....
Registered No. H
St. Ward

2. FULL NAME Jennie Williams

(a) Residence. No. Henley, 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 <u>Female</u>	4. COLOR OR RACE <u>White</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>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 14th, 1850</u>		
7. AGE <u>80</u>	YEARS <u>6</u>	MONTHS <u>9</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>House Wife 235</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		If LESS than 1 day, hrs. or min.

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

PARENTS	10. NAME OF FATHER <u>John Roberts</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>No Record</u> (STATE OR COUNTRY) <u>Mo</u>
	12. MAIDEN NAME OF MOTHER <u>No Record</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>No Record</u> (STATE OR COUNTRY) <u>No Record</u>

14. INFORMANT Jessie Williams
(Address) Henley, Mo.

15. FILED April 19 1931 Miss Della Glover
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 23rd, 1931 19
17. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1931, to Mar 23, 1931 that I last saw h. a. alive on Mar 18, 1931, and that death occurred, on the date stated above, at 8-30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
113 Influenza
(duration) yrs. mos. 13 ds.
CONTRIBUTORY (SECONDARY) 113
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF No
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) Dr. H. Shirley M. D.
3/24, 1931 (Address) Logansport 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 Hickory Hill Cem. DATE OF BURIAL Mar. 24th, 1931

20. UNDERTAKER G. N. Steffens ADDRESS Russellville
G. N. Steffens I. O.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

