

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

Do not use this space.

18527

1. PLACE OF DEATH

55 County Lawrence Registration District No. 468
Township Buck Prairie Primary Registration District No. 428
City (No.) 5829 St. _____ Ward)

File No. _____
Registered No. 18
St. _____ Ward)

2. FULL NAME Mama Luke 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 <u>Male</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>Eliza K. Williams</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 27 1843</u>					
7. AGE	YEARS <u>88</u>	MONTHS <u>6</u>	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer!</u> (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) <u>Genm.</u>					
PARENTS	10. NAME OF FATHER <u>John Williams</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Bufford Co. Genm.</u>				
	12. MAIDEN NAME OF MOTHER <u>don't know</u>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Genm.</u>					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1931

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 _____ 8 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Never attended being for some time but think death was caused by strangulation (duration) _____ yrs. mos. ds. history of hernia from _____ (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. M. Holmes M. D.
. 19____ (Address) Marionville 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.

14. INFORMANT Archie Link
(Address) Marionville Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Marionville Mo DATE OF BURIAL June 1 1931

15. FILED June 1 1931 R. Andrews
REGISTRAR

20. UNDERTAKER
Hiram Bradford ADDRESS Marionville

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

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.

JUN 27 1931

