

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

Do not use this space.

27497

1. PLACE OF DEATH

County Boone

Registration District No. 73

Township Columbia

Primary Registration District No. 3006

City Columbia (No. _____)

File No. _____

Registered No. 183

Ward _____

2. FULL NAME

(a) Residence, No. 2 West Lyons St. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. about 60 — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coalminer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Mo.

13. NAME Allie Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Missouri

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Hannah Williams

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah No. 8-29 DATE 8-29 1931

19. UNDERTAKER (ADDRESS) Stuart P. Parker

20. FILED 8/28/31 F. C. Suggs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26-31, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1931, to 8-26-31, 1931.

I last saw him alive on 8-24, 1931. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

organic Heart Disease

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) O. A. Moore, M. D.

(Address) 712 - Park

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.

SEP 21 1931

MARCO RESERVED FOR BINDING

V.S. No. 2.

