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

Do not use this space.

12902

File No. .....

Registered No. 31

1. PLACE OF DEATH

County: Franklin — Registration District No. 297

Township: ..... — Primary Registration District No. 2016

City: Washington (No. ....., ... St. ..... Ward)

2. FULL NAME: Lenor A. Williams

(a) Residence. No. ..... St., ... Ward. Union, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clarence F. Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 27, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	9	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Shoe Worker

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Clarksberg
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Joe White

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Brooklin
(STATE OR COUNTRY): Indiana

12. MAIDEN NAME OF MOTHER: May Bardwell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Clarksberg
(STATE OR COUNTRY): Missouri

14. INFORMANT: Clarence F. Williams
(Address): Union, Mo.

15. Filed May 1, 1933 — O. L. Mauck, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 29 1933

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1933, to April 29, 1933, that I last saw him alive on April 29, 1933, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid Fever

17 (duration) ..... yrs. ..... mos. 28 ds.

CONTRIBUTORY (SECONDARY): Encephalitis Septicaemia

..... (duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED? Clarksberg Mo?

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No — DATE OF? .....

WAS THERE AN AUTOPSY? No

WHAT TESTS CONFIRMED DIAGNOSIS? Widal - Blood test culture - Lab. Exam

(Signed) Louis F. Fowler M.D.

April 29, 1933 (Address) Fricke Bldg - Union 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: Union Cemetery, Union, Mo.

DATE OF BURIAL: May 1 1933

20. UNDERTAKER: Union Furniture Co.

ADDRESS: Union, Mo.

Louis Horn

MAY 22 1933

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.