

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

Do not use this space.

13761

1. PLACE OF DEATH

County Lauer
Township Buck Prairie
City..... (No.....).....

Registration District No. 468
Primary Registration District No. 5629

File No.....
Registered No. 23
St..... Ward)

2. FULL NAME

Susan Elizabeth Williams

(a) Residence. No..... St..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 10 2

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)
(c) Name of employer

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

Tenn.

10. NAME OF FATHER Bryant Bristow

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Nancy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT Mrs. N. A. Hale
(Address) Marionville Mo.

15. FILED 5-10 1933 Laura C. Conally REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1933

17. I HEREBY CERTIFY, That I attended deceased from March 17th, 1933, to April 24th, 1933, that I last saw her alive on April 24th, 1933, and that death occurred, on the date stated above, at 10:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
10 1/2 hrs
11 1/2 hrs
(duration) yrs. mos. 7 ds.
CONTRIBUTORY Arteriosclerosis Bronchitis and Emphysema
(SECONDARY) (duration) 2 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? no.

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. W. Lester 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Deas Cemetery 30
Apr 30th 1933

20. UNDERTAKER ADDRESS

A. S. Waller Beallings Mo

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.

MAY 22 1933

