

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township Cedar
City Georgetown (No. _____)

Registration District No. 668
Primary Registration District No. 5894

File No. 17417
Registered No. 133
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Ed Williams St. _____ Ward _____
(Usual place of abode)

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. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>George Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about no</u>		
7. AGE <u>about 57</u> YEARS	MONTHS <u>about 1876</u>	DAYS <u>about no</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>on Farm</u>
	10. Date deceased last worked at this occupation (month and year) <u>about October 1932</u>
	11. Total time (years) spent in this occupation <u>about 75 yrs</u>

12. BIRTHPLACE (CITY OR TOWN) Georgetown
(STATE OR COUNTRY) Pettis Co. Mo.

13. NAME Sandie Williams

14. BIRTHPLACE (CITY OR TOWN) about no
(STATE OR COUNTRY) about no

15. MAIDEN NAME Lusindia Smith

16. BIRTHPLACE (CITY OR TOWN) about no
(STATE OR COUNTRY) about no

17. INFORMANT Minnie Anderson
(ADDRESS) Georgetown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Georgetown Mo. DATE May 18, 1933

19. UNDERTAKER F. T. Ferguson
(ADDRESS) Georgetown Mo

20. FILED 5-18, 1933
J. P. D. R.
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-16-, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 29th 1932 to 5-16-, 1933
I last saw him alive on 5-16-, 1933 Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

93A
1062
Chorea Myocarditis
Other contributory causes of importance:
Bronchitis
93A

Name of operation _____ Date of _____
What test confirmed diagnosis? Chorea Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1933

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) A. H. Maddox, M. D.
(Address) 116 E. W. Main

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 23 1933

