

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

Do not use this space.

34123

1. PLACE OF DEATH

85 County Pulaski
Township Center
City _____ (No. _____)

Registration District No. 713
Primary Registration District No. 5942

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Bernadine Lamma 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Infant</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>10/8/33</u>				
7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.	
	<u>7</u>			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant
(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) Pulaski Co. Mo.

PARENTS

10. NAME OF FATHER Lawrence A Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Anna Marie Wade
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14.

INFORMANT L. G. Williams
(Address) Waynesville mo

15.

FILED 10/9, 1933 C. G. Abbott

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 7th 1933

17. I HEREBY CERTIFY, That I attended deceased from 10/1/33 1933, to 10/8 1933, that I last saw alive on 10/8 1933, and that death occurred, on the date stated above, at Waynesville m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
(Cystitis)
34 (duration) yrs. mos. ds. 154

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) C. G. Abbott M. D.

10/9 1933 (Address) Waynesville

*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

Gospel Ridge Cem.

20. UNDERTAKER no

DATE OF BURIAL

10/9 1933

ADDRESS ✓

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.

NOV 10 1933

