

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13804

1. PLACE OF DEATH

County Cattis

Registration District No. _____

Township _____

Primary Registration District No. 3082City Sedalia(No. 922 E. Bway)File No. 149Registered No. 668

St. _____ Ward _____

2. FULL NAME

Liceta Opiscula Williams(a) Residence, No. 922 E Bway St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 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>married</u>
-------------------------	----------------------------------	---

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. J. Williams6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 - 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>47</u>	<u>8</u>	<u>3</u>		

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

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) Lincoln County
(STATE OR COUNTRY) Missouri13. NAME Henry Dunsard14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)15. MAIDEN NAME Do Not Know16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)17. INFORMANT A. J. Williams
(ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE 5-1- 193419. UNDERTAKER Mc Laughlin Bros
(ADDRESS) Sedalia Mo20. FILE 4-30- 1934 Geo Sherk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____

22. I HEREBY CERTIFY, That I attended deceased from

April 29, 1934, to 1, 19____I last saw her alive on April 29, 1934. Death is saidto have occurred on the date stated above, at 36 m.

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

Central Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? no

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

Accident, suicide, or homicide? no Date of injury _____, 19____

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? no

If so, specify _____

(Signed) Wm. Wheeler M. D.(Address) Sedalia Mo

FEB 25 1955

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

April 34
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Veter
Township Madagascar
City St. Louis (No. 1)

Registration District No. 668
Primary Registration District No. 3032

File No. 149
Registered No. 149 St. 1 Ward 1

2. FULL NAME

Lueta P. Williams

(a) Residence, No. 1 St. 1 Ward. 1
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

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)

MOTHER FATHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 June 3 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1934

22. I HEREBY CERTIFY, That I attended deceased from to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

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

Date of onset

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, 19

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) , M. D.

(Address)

S-13804