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

Do not use this space:

File No. 22803

Registered No. 84

1. PLACE OF DEATH
County: Saline
Township: Marshall
City: Marshall, Mo (No. Mo. State School St. Ward)
Registration District No. 796
Primary Registration District No. 3938

2. FULL NAME: Luda Lucile Williams
(a) Residence, No. Mo. State School 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. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUL 14 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-28-1898
7. AGE: Years 35 | Months 9 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Hardin Ray Co Mo

FATHER
13. NAME: A. H. Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Dora J. Foster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): State School Record Marshall Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Williams Cem DATE: 6-19 1934
19. UNDERTAKER (ADDRESS): Campbell Marshall
20. FILED: 6/19/34, 19 34 Helene Rupp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 17, 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov, 1933, to June 17, 1934
I last saw her alive on June 15, 1934. Death is said to have occurred on the date stated above, at 11:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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 ....., 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. K. Pope, M. D.
(Address) Marshall Mo.

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.