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.

AUG 13 1934

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

Do not use this space.

1. PLACE OF DEATH
County Lafayette — Registration District No. 460 — File No. 25251
Township ~~Davis~~ — Primary Registration District No. 4274 — Registered No. 53
City Higginsville (No. ..... , ... St. ..... Ward)

2. FULL NAME Anna M. Williams
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6 October 1857

7. AGE — YEARS: 76 — MONTHS: 9 — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) Saline Co. Mo.

FATHER
13. NAME John Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Georgie Williams Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Colored DATE 7/9/34. 19

19. UNDERTAKER (ADDRESS) A. H. Hader Higginsville, Mo.

20. FILED July 12, 1934 6 Mbb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934, to July 7, 1934
I last saw her alive on ~~July~~ June 4, 1934. Death is said to have occurred on the date stated above, at 1A m.
The principal cause of death and related causes of importance were as follows:

Myocarditis - chronic - — Date of onset 1933

93C

93C

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? History & findings 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? No
If so, specify
(Signed) No Kappenbrink, M. D.
(Address) Higginsville, Mo.