

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.

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

Do not use this space.

36529

1. PLACE OF DEATH

County Lawrence Registration District No. 470
 Township St. Mt. Vermey Primary Registration District No. 6633
 City Lawrence St. _____ Ward _____

File No. _____
 Registered No. 81

2. FULL NAME Elizabeth 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. 2 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-27-97
 7. AGE YEARS 37 MONTHS 0 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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) (STATE OR COUNTRY) Harrison Co. Mo.

MOTHER 13. NAME James Wm. Davis

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

15. MAIDEN NAME Rosetta Lynn

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

17. INFORMANT State Sanatorium Record
 (ADDRESS) Lawrence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pattersonburg Mo DATE Oct 31 1934

19. UNDERTAKER Brooks Undertaking Co
 (ADDRESS) 15. E. Homer Pattersonburg Mo

20. FILED 10/6 1934 P. A. Holmes
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/3 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/3 1934 to 10/3 1934

I last saw h. or alive on 10/2 1934 Death is said to have occurred on the date stated above, at 7:00 a. m.

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

Pneumonia
13A Tuberculosis
 Date of onset Jan. 1933

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Sab. 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) J. B. Stokes, M. D.

(Address) St. Mt. Vermey Mo

