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

Do not use this space.
23464-B

1. PLACE OF DEATH
County: Jasper — Registration District No.: 418 — File No.: 3
Township: Jasper — Primary Registration District No.: 5572 — Registered No.: 18
City: Melrose (No. ..... St. ..... Ward)

2. FULL NAME: Elizabeth Jane 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: 65 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: L. W. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 22, 1858

7. AGE: Years 77 — Months 1 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Gallatin Valley, Montana

FATHER
13. NAME: Alexander Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Georgia

MOTHER
15. MAIDEN NAME: Elizabeth Dack
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

17. INFORMANT: Leon Williams
(ADDRESS) Route 1 - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Melrose Cemetery DATE: July 16, 1935

19. UNDERTAKER: Lucille Mortuary
(ADDRESS) Carthage, Mo.

20. FILED: 7-15-1935 W. H. Coleman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-20-1935 to 7-14-1935
I last saw him alive on 7-13-1935. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	?

Other contributory causes of importance: Senility

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? No.
If so, specify .....
(Signed) W. O. Coleman, M. D.
(Address) Asbury, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33

7.35 a.m.