

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.

OCT 20 '935

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

Do not use this space.

35001

1. PLACE OF DEATH *North*  
 County *North* Registration District No. *905*  
 Township *Center* Primary Registration District No. *6216*  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Eliza M. Williams*  
 (a) Residence, No. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 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) *Sept 27 1886*

7. AGE YEARS *49* MONTHS *—* DAYS *16* If LESS than 1 day, ..... hrs. or ..... min.

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

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) *North County, Mo.*

FATHER 13. NAME *James G. Manning*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lancaster, Pa.*

MOTHER 15. MAIDEN NAME *Martha Williams*

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

17. INFORMANT *J. J. Green* (ADDRESS) *Deer Creek, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Prairie Chapel* DATE *Oct 15 1935*

19. UNDERTAKER *Green Bros.* (ADDRESS) *Deer Creek, Mo.*

20. FILED *Oct 22 1935* *Byron Williams* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 13 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 1 1935* to *Oct 13 1935*  
 I last saw him alive on *Sept 13 1935*. Death is said to have occurred on the date stated above, at *7:30 A.M.*  
 The principal cause of death and related causes of importance were as follows:  
*Anemia Pneumonia Tuberculosis*  
*23*  
 Other contributory causes of importance:  
*Pulmonary Sclerosis Tuberculosis*  
 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) *Louis H. Lewis*, M. D.  
 (Address) *Deer Creek, Mo.*

