

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

100 County Vernon Registration District No. 875
2 Township Neopla Primary Registration District No. 30.39
1 City Neopla (No. 1) St. 1 Ward)

File No. 4695
Registered No. 7

2. FULL NAME

Willis Lucynthia Keithley Williams
(a) Residence, No. 410 Wash St. 3 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>N</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jerome Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 11 1877</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>9</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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 occupations	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montevideo, Missouri</u>		
FATHER	13. NAME <u>Levi Keithley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
	15. MAIDEN NAME <u>Sarah Grant</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>Jerome Williams</u> <u>Neopla Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL <u>Newton Cemetary</u> DATE <u>Jan 12 1937</u>	
	19. UNDERTAKER (ADDRESS) <u>Ferry General Home</u> <u>Neopla Mo</u>	
20. FILED <u>1-15</u> 19 <u>37</u>	<u>M. Eichinger</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1936, to Jan 9 1937
I last saw her alive on Jan 8 1937 Death is said to have occurred on the date stated above, 5:15 p.m.

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

Coronary Thrombosis Date of onset

Other contributory causes of importance:
Chronic Interstitial Nephritis

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) J. Newton, M. D.
(Address) Neopla 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.

