

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Independence (No. 2601, Northern Blvd. St. \_\_\_\_\_ Ward)

Registration District No. 398  
Primary Registration District No. 5554

File No. 2997  
Registered No. 11

**2. FULL NAME**

(a) Residence, No. 2601 Northern Blvd Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 3 25

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. At home  
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) Buffalo Mo

FATHER  
13. NAME F. S. Wings

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

MOTHER  
15. MAIDEN NAME Nancy Waterman

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

17. INFORMANT C. Howerton (ADDRESS) 2601 Northern Blvd

18. BURIAL, CREMATION, OR REMOVAL  
PLAC Buffalo, Mo DATE 1-10-1938

19. UNDERTAKER Geo. E. Layton (ADDRESS) 181 - N. Grand

20. FILED 1-11-1938 F. L. Cook Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1938 to Jan 7, 1938  
I last saw him alive on Jan 6, 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset 1-4-38

Other contributory causes of importance:  
Chronic Inflammation

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? fluid 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) W. R. Frazier, M. D.  
360 (Address) 1529 Lister St.

This certificate is a property of the Missouri State Board of Health. It is loaned to you for your use only and should not be used for any other purpose.

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FEB 25 1938

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MO. STATE BOARD OF HEALTH