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.

REC'D APR 25 1939

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

12021
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph 2
(b) Township 1
(c) City Moberly Mo
(d) Street No. 909 West Coates St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 735
Primary Registration District No. 3034 Registered No. 53

2. PRINT FULL NAME ELNOTE WILLIAMS.
(a) Residence, No. 909 West Coates St St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Williams.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1880 - Oct. -
7. AGE YEARS 58 MONTHS 4 DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as 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) Roanoke, Mo.

FATHER
13. NAME Samuel Williams.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roanoke, Randolph Co. Mo.

MOTHER
15. MAIDEN NAME Lydia Washington.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard, Co. Mo

17. INFORMANT (ADDRESS) Mrs Katie Washington. 909 West Coates St

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Moberly Mo DATE March 12th 1939

19. FUNERAL DIRECTOR (NAME) Green + Sons. (ADDRESS) 311 No 5th Moberly Mo

20. FILED Mar 12, 1939 Leah Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1938, to March 5, 1939
I last saw her alive on March 3, 1939. Death is said to have occurred on the date stated above, at 9.45 P.m.
The principal cause of death and related causes of importance were as follows:

Hypertensive Myocarditis

Date of onset

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Other contributory causes of importance:
Chronic Nephritis
Hemiplegia

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) H. A. Lougdon M. D.
(Address) Moberly Mo.

Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-39-106
Date Filed APR 17 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____ William Stanley, or by _____,

Registered Apprentice No. _____, working under my personal supervision.

Signed William Stanley

Licensed Embalmer No. 3105

P. O. Address 311-7-5th Street

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.