JAN 17 1928

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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

Do not use this space.

36334

1. PLACE OF DEATH
County Cole
Registration District No. 213
File No.
Township Jefferson
Primary Registration District No. 3017
Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Frances Williams
(a) Residence. No. 321 Locust St., 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 White; 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married	16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1927
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. W. Williams	17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1927, to Dec 27, 1927, that I last saw her alive on Dec 28, 1927, and that death occurred, on the date stated above, at 2 a.m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 13 - 1858	THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Interstitial Nephritis
7. AGE: Years 69; Months 10; Days 16; If LESS than 1 day, ...hrs. or ....min.	131 / 1118 / 290 (duration) 2 yrs. mos. ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife; (b) General nature of industry, business, or establishment in which employed (or employer) At Home; (c) Name of employer	CONTRIBUTORY (SECONDARY) Pulmonary Congestion (duration) yrs. mos. 10 ds.
9. BIRTHPLACE (CITY OR TOWN) Brumley (STATE OR COUNTRY) Missouri	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
PARENTS 10. NAME OF FATHER W. H. Payne	Did an operation precede death? No. Date of
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky	Was there an autopsy? No
12. MAIDEN NAME OF MOTHER Elizabeth Carr	What test confirmed diagnosis? Physical & Lab
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky	(Signed) J. S. Taylor, M.D. 1/3, 1928 (Address) Jefferson City Mo
	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
14. INFORMANT J. F. Williams (Address)	19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rush Cem; DATE OF BURIAL 12/31 1927
15. FILED Jan 9, 1928 S. V. Bedford, Registrar	20. UNDERTAKER Hawson Funeral; ADDRESS J. C. Mo