LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

V. S. No. 2. A

MARGIN RESERVED FOR BINDING

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.

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

1 PLACE OF DEATH

unty Dallas

wnship Wilson

lage Long Lane

y ..... (NO. ..... St.; ..... Ward)

Registration District No. 247 File No. 19098a

Primary Registration District No. 5343 Registered No. 11

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Rachel Mary Ann Williams

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
nale	white	Married

TE OF BIRTH May (Month) 22 (Day) 1875 (Year)

E 44 yrs. 11 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

CUPATION
Trade, profession, or ticular kind of work Housewife

General nature of industry iness or establishment in ch employed (or employer)

THPLACE
y or town, or foreign country) Missouri

10 NAME OF FATHER Mathew Potter

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky

12 MAIDEN NAME OF MOTHER Mary Jane Franklin

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tennessee

E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

nformant) James Caughran

(Address) Long Lane Mo

led Dec 10 1921 J. F. Talbot Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May (Month) 9 (Day) 1920 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 4, 1917, to Dec 20, 1919, that I last saw her alive on Dec 20, 1919, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Lo Kn

(Duration) 2 yrs. 9 mos. 5 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. A. Meyer M. D.

May 10 1920 (Address) Buffalo Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Liberty Cemetery DATE OF BURIAL May 10, 1920

20 UNDERTAKER C. E. Routh ADDRESS Buffalo Mo

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V. S. No. 2. A

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

1 PLACE OF DEATH

County Dallas

Township Jasper
or
Village Longlane
or
City ..... (NO. ..... St. ..... Ward)

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

[If death occurre hospital or insti give its NAME i of street and nu

2 FULL NAME Mary Williams

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH ~~May~~ ~~X~~ (Month) ..... (Day) ..... ~~1920~~ (Year)

7 AGE ..... yrs. 1 mos. 17 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (City or town, State or foreign country)

PARENTS

10 NAME OF FATHER Matt Potter

11 BIRTHPLACE OF FATHER (City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER Mary Jane Hatter

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15

Filed ....., 191..... .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 9 (Month) ..... (Day) ....., 19

17 I HEREBY CERTIFY, that I attended deceased

....., 191....., to ....., 191

that I last saw h..... alive on ....., 191

and that death occurred, on the date stated above, at .....

The CAUSE OF DEATH* was as follows:

..... (Duration) ..... yrs. ..... mos. .....

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. .....

(Signed) .....

....., 191..... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Cause (1) Means of Injury; and (2) whether Accidental, Suicidal or Homi

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. .....

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL ....., 19

20 UNDERTAKER

ADDRESS