

SEP 27 1927

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

Do not use this space.

26690

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. 924  
Towship 11 Primary Registration District No. 3009 Registered No. \_\_\_\_\_  
City 11 (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs Myrtha A Williams

(a) Residence. No. 413 N Spragg 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

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29 - 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
23 4 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework.  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Memphis  
(STATE OR COUNTRY) Tenn

PARENTS

10. NAME OF FATHER S M Beuther

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stamps CO  
(STATE OR COUNTRY) Mississippi

12. MAIDEN NAME OF MOTHER Rosa Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape Girardeau  
(STATE OR COUNTRY)

14. INFORMANT S M Beuther  
(Address) 413 N Spragg

15. FILED 9-2-27 W Stuepper REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1927

17. I HEREBY CERTIFY, That I attended deceased from 8/20, 1927, to 9-1, 1927  
that I last saw him alive on 8/20, 1927, and that death occurred, on the date stated above, at 9:30 pm.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

PULMONARY TUBERCULOSIS

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) W Beuther M. D.

, 19 (Address) Cape Girardeau 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairmont Cem DATE OF BURIAL 9-4 1927

20. UNDERTAKER Al Brindoff ADDRESS Cape Gir

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

