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.

OCT 1 1928

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

Do not use this space.

28000

1. PLACE OF DEATH
County: Ste Madrid
Township: Lewis
City: Lilbourn (No. ..... St. ..... Ward)
Registration District No. 274
Primary Registration District No. 4063
File No. .....
Registered No. .....

2. FULL NAME: Henry Williams
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: Blk.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Sing.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: April 13, 1927
6. DATE OF BIRTH (MONTH, DAY AND YEAR): ~~Dec 13, 1926~~

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	4	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Lilbourn
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Henry Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Delhi La.
12. MAIDEN NAME OF MOTHER: Era Bell Barron
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Miss

14. INFORMANT: Henry Williams.
(Address): Lilbourn Mo.

15. FILED Sept 8, 1928 E. E. Jones
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1928, to Aug 18, 1928, that I last saw him alive on Aug 18, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentery
130 [illegible] (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Gmeilsau, M. D
Aug 24, 1928 (Address) Lilbourn 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: Newson Cemetery
DATE OF BURIAL: 8-23 1928
20. UNDERTAKER: L. M. Hill
ADDRESS: Lilbourn Mo.