

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

Do not use this space.

JAN 28 1929

42231

1. PLACE OF DEATH

County St. Charles
Township Dardenne
City Fallon Mo.

Registration District No. 760
Primary Registration District No. 6001

File No. _____
Registered No. 62
St. _____ Ward _____

2. FULL NAME

Mrs. John Williams

(a) Residence, No. Fallon Mo. R. 2 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. _____ mos. _____ da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

John W. Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug. 10 - 1847

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 4 15

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) (STATE OR COUNTRY)

St. Charles Co. Mo.

10. NAME OF FATHER

Boyd

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

Virginia

12. MAIDEN NAME OF MOTHER

Not known

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

not known

14. INFORMANT

Miss Marice Williams
Fallon Mo

15. FILED

12/26, 1928 Dr. J. M. Jenkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec 25 - 1928

17.

I HEREBY CERTIFY That I attended deceased from Dec 20 1928 to Dec 25 1928 that I last saw her alive on Dec 25, 1928, and that death occurred, on the date stated above, at 9 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholelithiasis
1 1/2 hrs. (duration) yrs. _____ mos. 5 da.

CONTRIBUTORY (SECONDARY)

arteriosclerosis (duration) Indefinite yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH?

No

DATE OF

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. N. Rosecrance M. D.
, 19 (Address) Fallon 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

Dak Grove Cem. St. Charles DATE OF BURIAL 12/27 1928

20. UNDERTAKER

Ed Keithly ADDRESS Fallon Mo.

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