

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

Do not use this space.

11240

1. PLACE OF DEATH
 County Jefferson Registration District No. H 20
 Township Waller Primary Registration District No. 5527 File No. _____
 City _____ (No. _____) St. _____ Ward _____ Registered No. 33

2. FULL NAME Louciada E Williams
 (a) Residence No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Peter Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>7</u>	<u>3</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Sandy Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm H Dodson

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

12. MAIDEN NAME OF MOTHER Heuchley

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

14. INFORMANT W C Eaves
 (Address) Hellboro Mo.

15. FILED 4/1 29 D. H. Baughly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 24 1929

17. I HEREBY CERTIFY That I attended deceased from Feb 28, 1929, to March 23, 1929 that I last saw her alive on March 22, 1929; and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis

131 (duration) not known yrs. mos. da.

CONTRIBUTORY (SECONDARY) 129 W (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED not known
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Walter E. Eaves, M. D.

*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 Heumatite Cemetery DATE OF BURIAL Mar 27 1929

20. UNDERTAKER C. H. Barnhart ADDRESS De Soto Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A VITAL 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.

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