MAR 28 1930

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

Do not use this space.

5789

1. PLACE OF DEATH
County New Madrid Registration District No. 274
Township Primary Registration District No. 6261
City Lewis Tusp (No. ..... St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME Herbert 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. 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
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-4-29
7. AGE YEARS MONTHS 8 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.
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) Mo.
(STATE OR COUNTRY) New Madrid Co.

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

14. INFORMANT Henry Williams
(Address) Lilbourn Mo.
15. FILED 2/22 1930 E. E. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-22 1930
17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Died without medical attention
2.00 A (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 2056 (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) E. E. Jones, M. D
2/22, 1930 (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 Tamiel Tawell Cem
DATE OF BURIAL 2-23 1930
20. UNDERTAKER [illegible] Hill
ADDRESS Lilbourn