

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

Do not use this space.

5068  
6

**1. PLACE OF DEATH**

County Amurson

Registration District No. 283

File No. ....

Township Boyer

Primary Registration District No. 5702

Registered No. ....

City ..... (No. ....)

St. .... Ward)

**2. FULL NAME**

Leroy William

(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**

M

**4. COLOR OR RACE**

W.

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

single

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Dec-22-1929

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

1

1

12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work .....

(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)

Mo. 1

**10. NAME OF FATHER**

Stanley Williams

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo.

**12. MAIDEN NAME OF MOTHER**

Vera Crow

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ill.

**14.**

INFORMANT (Address)

Stanley Williams  
Haleywood Mo.

**15.**

FILED

2/4 - 1931  
E. H. Henson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Feb. 24 1931

**17.**

I HEREBY CERTIFY That I attended deceased from Feb. 19 1931 to Feb 30 1931 that I last saw him alive on Feb. 3 1931, and that death occurred, on the date stated above, at 2. d. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Flu & Pneumonia  
11H  
109H

**CONTRIBUTORY (SECONDARY)**

**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) [Signature] M. D.

, 1931 (Address) Cordeuro 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**

**DATE OF BURIAL**

Public Cemetery

2/4 1931

**20. UNDERTAKER**

**ADDRESS**

Hewitt & Anderson

Cordeuro Mo

APR 21 1931

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.

