

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.

JUN 27 1931

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

14778

1. PLACE OF DEATH

County... Lawrence  
Township... Mt. Vernon  
City... mo

Registration District No. 470  
Primary Registration District No. 5633

File No. ....  
Registered No. 30  
St. .... Ward)

2. FULL NAME

Lula Adelene 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 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14, 1870

7. AGE YEARS MONTHS DAYS  
61 3 10  
If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) 2  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mt. Vernon, MO  
(STATE OR COUNTRY)

10. NAME OF FATHER James J. Cherry

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

12. MAIDEN NAME OF MOTHER Elizabeth Essary

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

14. INFORMANT Anna Beard  
(Address) Lebanon, Tenn

15. June 11, 1931 W. J. Fallow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1931

17. I HEREBY CERTIFY That I attended deceased from May 1 1931 to June 24 1931 that I last saw her alive on April 24 1931, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH\*\* WAS AS FOLLOWS:  
Aortic obstruction caused by valvular disease.  
92A (duration) 2 and 1/2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 92A (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) P. A. Holmes, M. D.  
Date 6/28, 1931 (Address) Mt. Vernon, 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.

22. PLACE OF BURIAL, CREMATION, OR REMOVAL Brick Church  
DATE OF BURIAL April 19 1931

23. UNDERTAKER Phillips & Zosell  
ADDRESS Mt. Vernon, Mo

