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.

SEP 26 1933

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

Do not use this space.

22971

File No. .....
Registered No. 61

1. PLACE OF DEATH
County Howard,
Township .....
City Fayette, (No. ....., ... St. ..... Ward)

Registration District No. 378
Primary Registration District No. 4222

2. FULL NAME Georgia M. 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: Female,
4. COLOR OR RACE: Black
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) 6/5/1933

7. AGE: YEARS #; MONTHS I; DAYS 26; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. #
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Mo.

FATHER
13. NAME John A Williams.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Ella Cravens,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Ella Cravens. Fayette, Mo.

18. BURIAL, CREMATION, REMOVAL
PLACE City Cemetery DATE 7/31/33, 19

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.

20. FILED Sep. 8, 1933 W. Q. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/31/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-5-, 1933, to 7-31, 1933
I last saw h. alive on 7-31, 1933. Death is said to have occurred on the date stated above, at 8A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Undernourished	
Complicated with	
Pertussis	
1-2-8 9	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Hist. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) J. G. Richards Coroner M. D.
(Address) Fayette Mo