FEB 18 1937

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

Do not use this space.

2265

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No.
Township Tywappity — Primary Registration District No. 3030 — Registered No. 5
City Charleston (No. 2 St. Ward)

2. FULL NAME Lucy A. Williams
(a) Residence, No. 503 Elm St. 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: Negro.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Silas Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19, 1856
7. AGE: YEARS 80 — MONTHS 8 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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: 1 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bertrand Missouri 31

FATHER
13. NAME: Anderson Fulks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown unknown

17. INFORMANT (ADDRESS): Pauline Butler 509 Elm St. Charleston Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove Cemetery DATE: Jan 13 1937
19. UNDERTAKER (ADDRESS): Frank Lair Funeral Service Charleston Mo
20. FILED 1-13- 1937 F S Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 9:10 AM

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 11th, 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937, to Jan 11th, 1937
I last saw her alive on Jan 10th, 1937. Death is said to have occurred on the date stated above, at 9:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	

Other contributory causes of importance: Chronic Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Frank S Vernon, M. D.
(Address) Charleston Mo

N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important.