

DEC 26 1928

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

Do not use this space.

35985

1. PLACE OF DEATH

County Bureau Registration District No. 992
Township Osage Primary Registration District No. 5047
City Admora (No. RFD # 2) St. _____ Ward _____

2. FULL NAME

Leuthia J. Milindia Williams
(a) Residence No. RFD # 2 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. 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) Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1-1846
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 0 4

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

9. BIRTHPLACE (CITY OR TOWN) Laurance Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Leob Lemaster
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linn
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Lucinda Sherman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Linn
(STATE OR COUNTRY) _____

14. INFORMANT Bert Williams
(Address) Admora Mo

15. FILED 11/16/28 19 28
B. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/5 19 28
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 1:17 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
ruptures of aedage

CONTRIBUTORY (SECONDARY) 164
(duration) yrs. mos. da.

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) W. B. Sweet M. D.
, 19 (Address) Admora 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 Clay Hill Cemetery DATE OF BURIAL 11/6 19 28
20. UNDERTAKER King Funeral Home ADDRESS Admora

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.

