

NOV 26 1930

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

Do not use this space.

33588

1. PLACE OF DEATH

County Monticau
Township _____
City Lupton (No. _____)

Registration District No. 6-76-
Primary Registration District No. 4339

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME Nancy Williams

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

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

widow

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

widowed.

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

11-15-1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>84</u>	<u>11</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Monticau City

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Samuel Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Copeland

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

14. INFORMANT

John Williams

(Address)

Lupton Mo

15. FILED

Oct 16 1930 Miss. Gen. Exp.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

10-15-1930

17.

I HEREBY CERTIFY That I attended deceased from

July 25, 1930, to Oct 15, 1930
that I last saw her alive on Oct 15, 1930, and that death occurred, on the date stated above, at 8:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

asthma (Bronchial)

CONTRIBUTORY (SECONDARY)

(duration) Several years yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

10. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) B. F. Baulding, M. D.

10-15-1930 (Address)

*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

Colored Cemetery
Lupton Mo.

DATE OF BURIAL

10-18 1930

20. UNDERTAKER

Jewell E. Richards

ADDRESS

Lupton Mo.

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.

