

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

1. PLACE OF DEATH *OCT 15 1941*

County of *Marion*

Township of *Legette*

City of *Marion S.C.*

Home Address *A# 3*

Dr Dible
Standard Certificate of Death

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

11334

Registration District No. *8202*

Registered No. *1*

(No. _____ St.; _____ Ward)

(For use of Local Registrar)
 (If death occurred in a Hospital or institution give its NAME instead of street and number.)

2. FULL NAME *Ellen Williams*

Residence—
 In City _____ Yrs. _____ Mos. _____ Days _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Fem.* 4. COLOR OR RACE *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Joe Williams*

6. DATE OF BIRTH (Month, day, and year) *1861*

7. AGE Years Months Days If less than 1 day, _____ hrs. or _____ min.
80 *—* *—*

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. *Domestic* 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) *Marion Co. S.C.*

MOTHER 13. NAME *Louie Custer*

14. BIRTHPLACE (city or town) (State or Country) *Marion S.C.*

15. MAIDEN NAME *Nancy Davis*

16. BIRTHPLACE (city or town) (State or Country) *Marion Co. S.C.*

17. INFORMANT (Address) *Callie Williams A# 3 Marion S.C.*

18. BURIAL, CREMATION, OR REMOVAL Place *Marion S.C.* Date *7-10-1941*

19. UNDERTAKER (Address) *J. H. ... Marion S.C.*

20. FILED *Aug 6, 1941* *Marion S.C.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *7-10-1941*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 4, 1941*, to *7-9-41*, 19*41*

I last saw h. *er* alive on *Feb 4, 1941*, death is said to have occurred on the date started above, at _____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Nephritis Date of onset *1939*

Was this death due to pregnancy or to childbirth? If so, state which *NO*

Contributory causes of importance not related to principal cause: *131-2*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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, 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 or deceased? *NO*

If so, specify _____ (Signed) *Dr Dible* M. D. (Address) *Marion S.C.*