

1 PLACE OF DEATH
COUNTY OF ESERALDA

TOWN OF Goldfield
or
CITY OF _____

NEVADA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
DUPLICATE CERTIFICATE OF DEATH

State Index No. _____
LOCAL REGISTERED NO. 51

(No. _____ St. _____ Ward _____)

Full Name Mrs. Elizabeth Williams

(If death occurred in a hospital or institution, give the NAME instead of street and number, and fill out No. 16.)

PERSONAL AND STATISTICAL PARTICULARS

2 SEX Female 4 COLOR OR RACE White 3 Single Widowed
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH Sept. 12 1881
(Month) (Day) (Year)

7 AGE 57 yrs. 1 mos. 19 ds. If LESS than 1 day, hrs., or, min.

8 OCCUPATION (a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Texas

10 NAME OF FATHER Henry Collins

11 BIRTHPLACE OF FATHER (State or country) Texas

12 MARRIAGE NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

13a LENGTH OF RESIDENCE At place of Death _____ years _____ months _____ days
In Nevada _____ years _____ months _____ days

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. P. Rainis

(Address) Goldfield, Nevada

15 Filed _____ 1928

Filed Dec. 5 1928 G. J. Sylvester Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 1 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30 1928 to Nov. 1 1928

that I last saw her alive on Nov. 1 1928

and that death occurred on the date stated above at 12:10 P. M.

The CAUSE OF DEATH* was as follows: Acute Cardiac Failure

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) Fracture right femur

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Gerald J. Sylvester, M. D.
Dec. 5 1928 (Address) Goldfield, Nevada

*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Manner of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 SPECIAL INFORMATION only for Hospitals, Institutions, Trains, or Rural Residents
Former or Usual Residence: Esmeralda County How long at Place of Death: 10 Days
Where was Disease contracted, if not at place of death: ?

19 PLACE OF BURIAL OR REMOVAL Jonajah Nev. DATE OF BURIAL Nov. 5 1928

20 UNDERTAKER G. J. Moore ADDRESS Goldfield, Nev.