AY 29 1928

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

Do not use this space.

3942 E

1. PLACE OF DEATH

County Barry — Registration District No. 89 — File No.

Township Mineral Spgs — Primary Registration District No. 5039 — Registered No. 9

City Cassville (No. ..... St. ..... Ward)

2. FULL NAME Margarite Jane Williams

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 23 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28, 1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	8	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cassville
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Virgil L. Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hardin
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Tamblin T. Sanders

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cassville
(STATE OR COUNTRY) Mo

14. INFORMANT Virgil L. Williams
(Address) Cassville Mo

15. FILED May 1 1928 Mrs H. R. Williams Dpt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20, 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1928, to Feb. 20, 1928 that I last saw her alive on Feb. 20, 1928, and that death occurred, on the date stated above, at 3. 6 m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Bronchial

9

1600

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) whooping cough

(duration) yrs. 1 mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Place of death

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

(Signed) R. L. Abbott D.O. M.D.

, 19 (Address) Cassville, 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: Cassville, Mo

DATE OF BURIAL: Feb 21, 1928

20. UNDERTAKER: Wesley H. Bradford

ADDRESS: Cassville

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.