

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

Do not use this space.

27399

1. PLACE OF DEATH

County Dunklin Registration District No. 287
Township Cottonhill Primary Registration District No. 3707
City.....(No.).....St.Ward)

File No.....
Registered No. 46

2. FULL NAME Mary Catherine Williams

(a) Residence. No.....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. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

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

-

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1929, to Aug. 19, 1929 that I last saw him alive on Aug. 19, 1929, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis
150 (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) 12/8 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

8 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Dr. Gordon Coulter M.D.

8-19, 1929 (Address) Malden 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.

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)

(STATE OR COUNTRY) Clay Co., Ark.

PARENTS

10. NAME OF FATHER Earl R. Williams

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

12. MAIDEN NAME OF MOTHER Lillie Forest

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Clay Co., Ark.

14. INFORMANT Mrs. Belle Covert

(Address) Malden Mo.

15. FILED 8-19-29 S. Mitchell
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Malden Mo.

DATE OF BURIAL

8-20 1929

20. UNDERTAKER

H. L. Larain Malden

every item of information should be carefully supervised. 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.

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