JUN 26 1930

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

Do not use this space.

16797

1. PLACE OF DEATH
County Montean
Township
City California (No. St. Ward)
Registration District No. 571
Primary Registration District No. 4335
File No.
Registered No. 29

2. FULL NAME Martha Ellen 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF J. F. Williams
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-11, 1858
7. AGE Years 71 Months 8 Days 2 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home 930
(b) General nature of industry, business, or establishment in which employed (or employer) 82
(c) Name of employer 9
9. BIRTHPLACE (CITY OR TOWN) Montean Co.
(STATE OR COUNTRY) Missouri
PARENTS
10. NAME OF FATHER Chas. Barker
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Delila Eads
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
14. INFORMANT Jim Renshaw
(Address) Tipton Mo
15. FILED May 15 1930 Jas W Keith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-13- 1930
17. I HEREBY CERTIFY, That I attended deceased from Feby 10, 1930, to May 13, 1930 that I last saw her alive on May 11, 1930, and that death occurred, on the date stated above, at 6:15 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis. chronic myocarditis.
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cerebral apoplexy
(duration) yrs. mos. ds.
10 minutes
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home.
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Edgar A. Kibbe, M. D.
5-15, 1930 (Address) California 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 Masonic Cemetery Clarksburg Mo
DATE OF BURIAL 5-16- 1930
20. UNDERTAKER Jewell E. Richards
ADDRESS Tipton

...em of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...TH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.