

JUL 21 1930

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

Do not use this space.

85

18674

1. PLACE OF DEATH

County _____

Registration District No. 1001

File No. _____

Township _____

Primary Registration District No. _____

Registered No. 702

City *St. Joseph, Mo.*

No. *Mrs. Methodist Hosp.* St. _____ Ward _____

2. FULL NAME

Mrs. Eldon Williams

(a) Residence. No. _____ St. *mo* Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. *15* 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 (insert the word)

married

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

Fred Williams

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

Dec 19, 1899

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 5 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*
(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) *mo*

10. NAME OF FATHER

Joseph M. Baand

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *mo*

12. MAIDEN NAME OF MOTHER

Margge Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Mo*

14. INFORMANT

Fred Williams
(Address) *Plattsburgh, Mo*

15. FILED

6/18, 1930 John G. Giff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 18 1930

17. I HEREBY CERTIFY, That I attended deceased from *June 5*, 19*30* to *June 18, 1930*
that I last saw her alive on *June 18, 1930* and that death occurred, on the date stated above, at *3:30 p. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocardial infarct
about 2 yrs. mos. ds.
CONTRIBUTORY *mitral stenosis & regurg*
(SECONDARY) *ruptured chord*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

(IF NOT AT PLACE OF DEATH) *Plattsburgh*

6. *NO* WAS AN OPERATION PRECEDE DEATH? DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? *Cholesterol finding*

(Signed) *W. H. Galt* M. D.
6/18, 1930 (Address) *301 Papp & Long Bldg*

*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

Greenlaw cemetery June 20 1930

20. UNDERTAKER

L. J. Wimmer ADDRESS *Plattsburgh, Mo*

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.

WRITE PLAINLY, WITH UNDOUBTING INK—THIS IS A PERMANENT RECORD

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