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.

MAY 27 1931

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

Do not use this space.

14649

1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No.
Township ~~Joachim~~ — Primary Registration District No. 4249 — Registered No. 46
City Festus, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Bernice 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. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17—1908

7. AGE — YEARS 22 — MONTHS 4 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Festus, Mo.

FATHER
13. NAME Frank Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo.

MOTHER
15. MAIDEN NAME Bertha Bunt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valles Mines Mo.

17. INFORMANT (ADDRESS) Frank Williams Festus, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Methodist Cemetery DATE 4/20 1931

19. UNDERTAKER (ADDRESS) Fink Und. Co. Festus, Mo.

20. FILED 4/20 1931 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1930, to Apr 18, 1931
I last saw her alive on Apr 18, 1931. Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1925

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Microscope Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Norvel W. Jarvis, M. D.
(Address) Festus, Mo.