

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

Do not use this space.

17045

**1. PLACE OF DEATH**

County *Audrain*  
Township *Saturday*  
City *Mahoning Mo* (No. \_\_\_\_\_)

Registration District No. *26*  
Primary Registration District No. *5034*

File No. \_\_\_\_\_  
Registered No. *56*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Single</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 2nd - 1856</i>		
7. AGE	YEARS <i>75</i>	MONTHS <i>2</i>
	DAYS <i>5</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housekeeper</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>234</i>	
	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) <i>Mo</i>		
FATHER	13. NAME <i>William Williams</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>	
MOTHER	15. MAIDEN NAME <i>Mary Finks</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>	
17. INFORMANT <i>Clark Williams Nephew</i> (ADDRESS) <i>Empire Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Sunrise Cem</i> DATE <i>May 8 1931</i>		
19. UNDERTAKER <i>Empire &amp; Hanger</i> (ADDRESS) <i>Empire Mo</i>		
20. FILED <i>May 7th 1931</i> <i>Ira B. Milligan</i> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 7th 1931*

22. I HEREBY CERTIFY, That I attended deceased from *May 7th 1931*, to *May 9th 1931*  
I last saw h. *alive on May 7th 1931* Death is said to have occurred on the date stated above, at *2:15 p.m.*  
The principal cause of death and related causes of importance were as follows:  
*infarction of old age and arteriosclerosis*  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
*Meat heart and crux disease*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) *A. F. Rhodes*, M. D.  
(Address) *Empire 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.

JUN 24 1931

