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

Do not use this space.

17381

JUN 24 1931

**1. PLACE OF DEATH**

County Cedar — Registration District No. 163 — File No.

Township — Primary Registration District No. 4095 — Registered No. 29

City El Dorado Springs Mo No. 900 S Jackson St. 1 Ward.

**2. FULL NAME** Ruby Pauline Williams

(a) Residence, No. 900 S Jackson St., 1st Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 4 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

**3. SEX** F.

**4. COLOR OR RACE** W.

**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) December 25 1914

**7. AGE** — YEARS 16 — MONTHS 4 — DAYS 9 — IF LESS THAN 1 day, ......hrs. or ......min.

**8.** Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at school

**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) Missouri

**FATHER**

**13. NAME** Peter Jacob Williams

**14. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Kansas

**MOTHER**

**15. MAIDEN NAME** Anna Elma Odgen

**16. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Iowa

**17. INFORMANT** (ADDRESS) Jake Williams El Dorado Springs

**18. BURIAL, CREMATION, OR REMOVAL** PLACE City Cemetery DATE 5/5 1931

**19. UNDERTAKER** (ADDRESS) Gunn Aders El Dorado Springs Mo

**20. FILED** 5-4- 1931 J W Dawson Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) May 4, 1931

**22. I HEREBY CERTIFY,** That I attended deceased from Apr 13, 1931, to May 4th, 1931.

I last saw her alive on May 4, 1931. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Endocarditis

Date of onset

Other contributory causes of importance:

Septico Pyaemia

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

**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?**

If so, specify

(Signed) J W Dawson, M. D.

(Address) El Dorado Springs Mo