

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

Do not use this space.

17520

**1. PLACE OF DEATH**

County SCOPERONITEAU Registration District No. 10951  
Township South Moniteau Primary Registration District No. 5310  
City (No. ....) St. .... Ward

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME Pearly May 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>G. F. Williams</b>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>Aug, 29, 1886</b>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or mls.
	<b>43</b>	<b>8</b>	<b>6</b>	

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May, 5th, 1931**  
17. I HEREBY CERTIFY, That I attended deceased from May 3, 1931, to May 5, 1931 that I last saw her alive on May 5, 1931, and that death occurred, on the date stated above, at 8:20 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**92B**  
**11B**  
central thrombosis  
(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) suppuration  
(duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED? at home  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ...  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) R. Steen M. D.

4/6, 1931 (Address) Bismarck 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.

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) **Cooper County**  
(STATE OR COUNTRY) **Missouri**

PARENTS	10. NAME OF FATHER <b>Benjamin Albin</b>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Virginia</b>
	12. MAIDEN NAME OF MOTHER <b>Bell Hert</b>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Virginia</b>

14. INFORMANT **Ernie Gump**  
(Address) **Clarksburg, Mo**

15. FILED 5-11, 1931 J. J. ... REGISTRAR

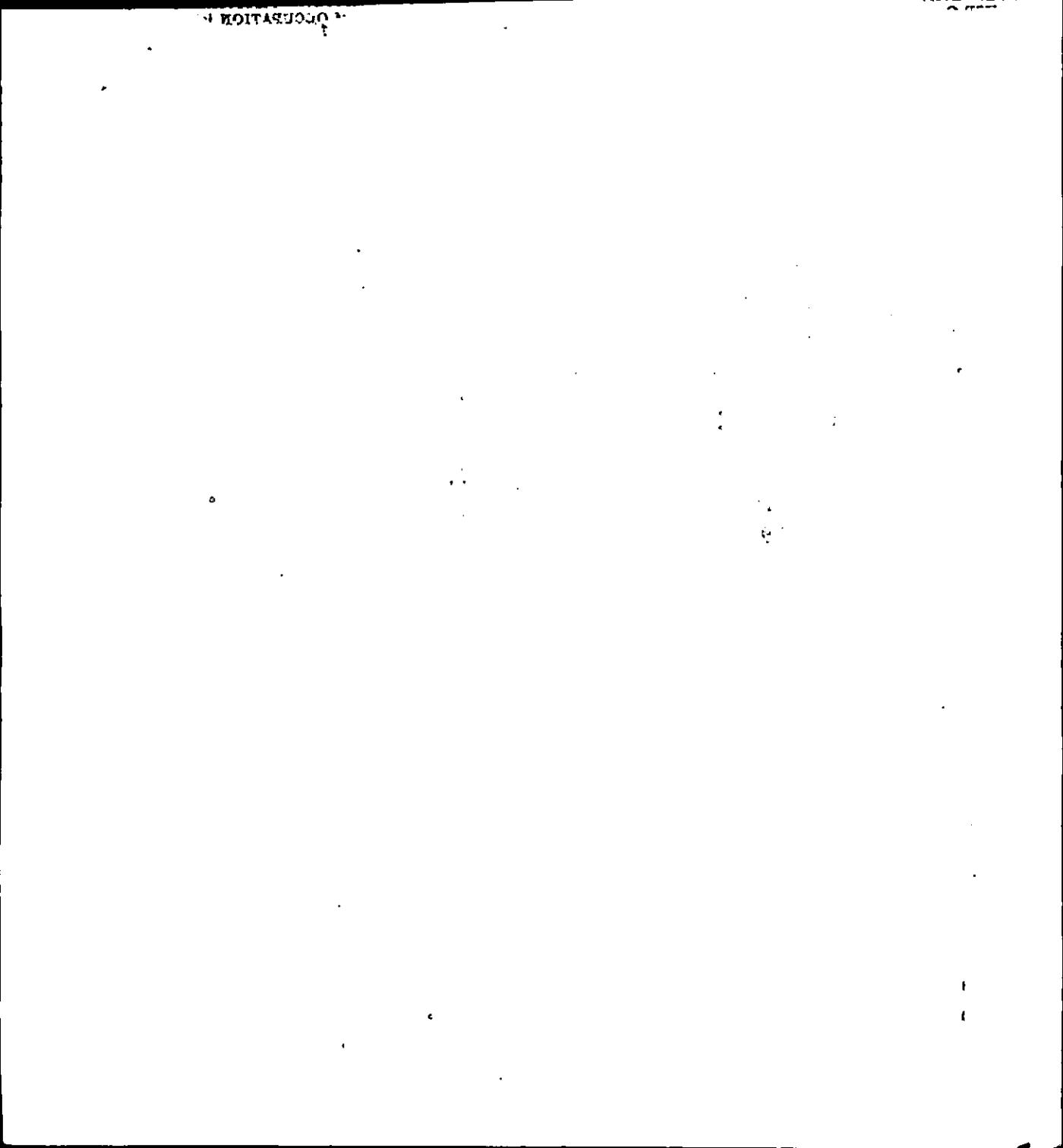
19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Masonic Cemetery**  
**Clarksburg, Mo** DATE OF BURIAL **5-7-1931**

20. UNDERTAKER **Jessie E. Richards** ADDRESS **Lepton, Mo**

CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUN 28 1931

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Croger  
Towship S. Montclair  
City ..... (No. ....) St. .... Ward)

Registration District No. 1095-  
Primary Registration District No. 5310

File No. ....  
Registered No. ....

2. FULL NAME Bearly May 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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29-1886

7. AGE

YEARS	MONTHS	DAYS
<u>44</u>	<u>8</u>	<u>6</u>

If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT  
(Address)

15.

FILED 5-11-19-31

J. E. Martin  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1931

17.

I HEREBY CERTIFY, That I attended deceased from ..... to .....

that I last saw him ..... alive on ....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

, 19 (Address)

\*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

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

S-17520