

24803 <sup>a</sup>

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

Do not use this space.

24803 <sup>a</sup>

1. PLACE OF DEATH

County Franklin

Registration District No. 322

Township Franklin

Primary Registration District No. 3544

City Springfield

(No. Franklin Ave. No. 2)

File No. ....

Registered No. ....

St. .... Ward) ....

2. FULL NAME

(a) Residence, No. Franklin Ave. No. 2

(Usual place of abode)

St. Franklin

Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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 W

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 - 1904

7. AGE

YEARS 23

MONTHS 9

DAYS 18

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

OCCUPATION

8. Trade, profession, or particular kind of occupation, as spinner, sawyer, cooper, etc. Housewife

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) Mo.

FATHER

13. NAME Job Hunt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Melvinia Latham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Charles Williams

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mullaney

DATE 7-27-31

19. UNDERTAKER (ADDRESS) W. L. ...

20. FILED Sept 15 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27-31

22. I HEREBY CERTIFY, That I attended deceased from 7-27, 1931, to 7-27, 1931.

I last saw him alive on 7-27-31, 19... Death is said to have occurred on the date stated above, at 9:00 m.

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

Pul. Tuberculosis

Date of onset 1928

Other contributory causes of importance: 23A

Name of operation None Date of ...

What test confirmed diagnosis physical 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) Chas Williams, M. D.

(Address) Springfield Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 22 1931

1952

