

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

Do not use this space.

35213

1. PLACE OF DEATH

County Osage
Township Linn
City Penelope (No. _____)

Registration District No. 1135
Primary Registration District No. 0853a

File No. 104
Registered No. _____ 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17th 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>8</u>	<u>1</u>	

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) Bennett Mill Mo
(STATE OR COUNTRY)

13. NAME Drewry Smith

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

15. MAIDEN NAME Sarah Lee

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

17. INFORMANT Henry J. Sieg
(ADDRESS) 6618 Woodbine

18. BURIAL, CREMATION, OR REMOVAL St. Louis Mo.
PLACE _____ DATE _____ 19____

19. UNDERTAKER _____
(ADDRESS)

20. FILED _____ 19____
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That, I attended deceased from Oct 15, 1931, to Oct 18, 1931.
I last saw her alive on Oct 15, 1931. Death is said to have occurred on the date stated above, at 2-4:30 a.m.

The principal cause of death and related causes of importance were as follows:
Tuberculosis of the lungs
D.3A
Other contributory causes of importance: 23

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? _____
If so, specify _____
(Signed) J. F. Jones, M. D.
(Address) Linn 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.



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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 Osage
Township Sumner
City Sumner (No.) St. Ward

Registration District No. 1135-
Primary Registration District No. 5-85-3a

File No.
Registered No. 104

2. FULL NAME

Penelope 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 + 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS 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)

FATHER 13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Cem. DATE Oct 19 1931

19. UNDERTAKER Phil Koch (ADDRESS) 5 Sprague Mill Mo

20. FILED Oct 19 1931 A B Peters Registrar

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at

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

Date of onset

Other contributory causes of importance: *

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

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), M. D.
(Address)

WRITE PLAINLY IN INK. THIS IS A PERMANENT RECORD

U. S. - Every item of information hereon is 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. REG. FEE - SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-35213