

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

Do not use this space.

2182

1. PLACE OF DEATH.

County St. Francois Registration District No. 773
 Township Forest Grove Primary Registration District No. 6018A
 City Farmington R.7104 (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs. Dorella Williams
 (a) Residence, No. Farmington R.7104 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Oda N. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 1 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, 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) Farmington R.7104

13. NAME Mr. Sam McHenry

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

15. MAIDEN NAME Armeda Procher

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

17. INFORMANT (ADDRESS) Mr. L.C. McHenry - Son

18. BURIAL, CREMATION, OR REMOVAL PLACE Park View Cemetery DATE Jan 21 1932

19. UNDERTAKER (ADDRESS) Alvin W. Hall

20. FILED Jan 20 1932 T. J. Robinson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 19 1932 to Jan 19 1932
 I last saw him alive on Nov 29 1932 Death is said to have occurred on the date stated above, at 4 P. m.

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

pulmonary tbc. Date of onset D.T.
2 1/2 (1)

Other contributory causes of importance:
tuberculosis of the testes

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical 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) W. J. Ryan, M. D.
 (Address) 7 West 8th

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

FEB 25 1932

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