

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

Do not use this space.

13067 47

1. PLACE OF DEATH

County Lafayette Registration District No. 461
Township Washington Primary Registration District No. 5625
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Margaret Ann 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9-1861</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>11</u>
	DAY <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>	
	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) <u>Lafayette Co Mo</u>		
MOTHER FATHER	13. NAME <u>Joseph Wrotter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
	15. MAIDEN NAME <u>Harriett Wrotter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hartford Conn</u>	
17. INFORMANT <u>Mrs Phoebe Cross</u> (ADDRESS) <u>Washington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Mo</u> DATE <u>April 27 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Ernest Magrath</u> <u>Washington Mo</u>		
20. FILED <u>April 26 1932</u> <u>S. W. Fredendall</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17 1932 to April 25 1932
I last saw her alive on April 25 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Star Pneumonia Date of onset 4/17/32

Other contributory causes of importance: (1)

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 J. Chalkley (Signed) _____, M. D.
(Address) Washington 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.

