

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

Do not use this space.

13632

**1. PLACE OF DEATH**

89 County ~~Ray~~ Ray Registration District No. 743  
Township Fishing Creek Primary Registration District No. 6237  
City (No. ....) St. .... Ward)

**2. FULL NAME** Emma 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>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1 - 1882</u>		
7. AGE	YEARS	MONTHS
	<u>50</u>	<u>0</u>
		DAYS
		<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>335</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>Va</u>		
13. NAME <u>William Sutphin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Mary T Ford</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>		
17. INFORMANT (ADDRESS) <u>J. R. Williams</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salem</u> DATE <u>4-9</u>		
19. UNDERTAKER (ADDRESS) <u>Herbert Hope</u>		
20. FILED <u>Apr 10</u> 19 <u>32</u> <u>J. E. Collins</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7 1932

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw her alive on Apr 7 1932 Death is said to have occurred on the date stated above, at 7:45 m.  
The principal cause of death and related causes of importance were as follows:  
Suicide  
Guns hot Wound  
Right Temple  
167  
Other contributory causes of importance: 167 -

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? Suicide Date of injury Apr 7 1932  
Where did injury occur? Ray Co. Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. at Home  
Manner of injury Guns hot Wound  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) J. W. Gairnes M. D.  
(Address) Rayville, 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.

MAY 28 1932

