

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

Do not use this space.

16804

1. PLACE OF DEATH
 65 County Merced Registration District No. 556
 2 Township _____ Primary Registration District No. 4328
 2 City Princeton (No. _____) St. _____ Ward _____

2. FULL NAME Sarah Magnus Williard
 (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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Williard deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
100 2 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Housekeeper

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) Sullivan Co Tenn.

13. NAME Lester W. Klakely

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

15. MAIDEN NAME Mat Harmon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genoa Va. (Princeton Mo.)

17. INFORMANT (ADDRESS) Mrs. Jennie Hill
Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE May 17 1932

19. UNDERTAKER (ADDRESS) Marion Funeral Home
Princeton

20. FILED 5/16 1932 J. M. Perry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10 1932, to May 15 1932
 I last saw him alive on May 15 1932 Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Heuriplegia - Left side
compete -
162
 Other contributory causes of importance:
Senility

Name of operation no Date of _____
 What test confirmed diagnosis? Sign 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) J. M. Perry M. D.
 (Address) Princeton, Mo.

Date of onset
May 10 1932

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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.

JUN 23 1932

