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.

JUL 21 1932

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

Do not use this space.

18782

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 618

City St. Joseph, (No. Missouri Methodist Hosp. St. Ward)

2. FULL NAME Theresa Katherine Williams

(a) Residence, No. St., Ward. Mound City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb, 23, 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	8	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

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) Fairfax, Mo.

FATHER

13. NAME Bryan J. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfax, Mo.

MOTHER

15. MAIDEN NAME Louise Elizabeth Graves

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Craig, Mo.

17. INFORMANT (ADDRESS) B. J. Williams Mound City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem DATE June, 25, 1932

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED JUN 24 1932 John R. Bendix Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 24, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932, to June 24, 1932

I last saw her alive on June 24, 1932 Death is said to have occurred on the date stated above, at 3.40 A.M.

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

General peritonitis following acute gangrenous perforated appendicitis

Date of onset

12/

Other contributory causes of importance:

1

Name of operation appendectomy & drainage Date of June 23-32

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? N

If so, specify

(Signed) H K Walker, M. D.

(Address) 301 N 8 St Fairfax Mo