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.

NOV 21 1932

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

Do not use this space.

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No. 31554

Township ~~Poplar Bluff~~ — Primary Registration District No. 3007 — Registered No. 168

City Poplar Bluff (No. ..... St. ..... Ward)

12 2 7

2. FULL NAME Mary Jane Williams

(a) Residence, No. 1224 Kelly 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	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) Oct. 3, 1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 0 hrs. or 5 min.
	0	0	0	

OCCUPATION

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.

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) Poplar Bluff Missouri

FATHER

13. NAME F. F. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blodgett Missouri

MOTHER

15. MAIDEN NAME Ethel Hart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Missouri

17. INFORMANT (ADDRESS) F. F. Williams 1224 Kelly St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Woodlawn Campbell, Mo. DATE Oct. 4, 1932

19. UNDERTAKER (ADDRESS) Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED Oct 4 1932 B J Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1932, to Oct 3, 1932

I last saw her alive on Oct 3, 1932. Death is said to have occurred on the date stated above, at 4:15 P.M.

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

	Date of onset
Difficult labor	
160B 160 B	

Other contributory causes of importance:

Primipara instrumental delivery. (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 .....

(Signed) Colfax A. P. Rand, M. D.

(Address) Poplar Bluff Mo.