

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

34482

1. PLACE OF DEATH

County Stoddard
Township Center
City Wentz mo. (No. 4289)

Registration District No. 838
Primary Registration District No. 60980

File No. _____
Registered No. 56
St. _____ Ward _____

2. FULL NAME

Vergina Louise 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 F. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9th 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 10

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. _____
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) Bloomfield mo.

13. NAME Loy Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. mo.

15. MAIDEN NAME Edith Hazel Temple

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentz mo.

17. INFORMANT Loy Williams (ADDRESS) Wentz mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Haystack cemetery 10/10

19. UNDERTAKER C. D. Bugh & Co (ADDRESS) Wentz mo.

20. FILED 12-10-1932 F. Rabue Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/9 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/8 1932, to 10/9 1932

I last saw him alive on 10/8 1932 Death is said to have occurred on the date stated above, at 4 P. m.

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

Interoelitis
12/13 12/10

Date of onset

Other contributory causes of importance: ①

Name of operation none Date of _____

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 1932

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) S. J. Davis _____, M. D.
(Address) Wentz 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.

NOV 29 1932

