

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

Do not use this space.

40814

1. PLACE OF DEATH
 72 County New Madrid, Mo. Registration District No. 604
 Township " " Primary Registration District No. 5802
 City Big Penny Bridge No. _____ St. _____ Ward _____

2. FULL NAME Olacy 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.

File No. 296
 Registered No. _____
 St. _____ Ward _____

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. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 18 69</u>		
7. AGE YEARS <u>about 63</u>	MONTHS <u>2</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation <u>25</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Housewife</u>
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>" "</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mr. Williams</u> (ADDRESS) <u>New Madrid, Mo. R #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parma or New Madrid</u> DATE <u>12/15/1932</u>		
19. UNDERTAKER <u>none</u> (ADDRESS)		
20. FILED <u>12/13/1932</u> <u>Wm. N. O'Bannon (U.S.)</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12-1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Dec 12, 1932
 I last saw him alive on Dec 10, 1932. Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
(Did not see her but furnished for her)
 Other contributory causes of importance:
131

Name of operation _____ Date of _____
 What test confirmed diagnosis? see 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 None
 (Signed) W. N. O'Bannon M. D.
 (Address) New Madrid, 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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100

100