

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

4253

1. PLACE OF DEATH

County Saline Registration District No. 796  
Township..... Primary Registration District No. 3038  
City Marshall (No. .... St. .... Ward)

2. FULL NAME Virginia F. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20 - 1932</u>		
7. AGE	YEARS	MONTHS
		<u>6</u>
	DAYS	
	<u>17</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Man</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year)..... <u>✓</u>		
11. Total time (years) spent in this occupation..... <u>✓</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
13. NAME <u>John W. Williams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Co. Mo.</u>		
15. MAIDEN NAME <u>Delta T. Heberley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>John W. Williams</u> (ADDRESS) <u>Marshall Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Saline Co. Home Care</u> DATE <u>Jan 8 1933</u>		
19. UNDERTAKER <u>T. W. Campbell</u> (ADDRESS) <u>Marshall Mo.</u>		
20. FILED <u>2-4-1933</u> <u>G. D. Putman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1932 to Jan 7 1933

I last saw her alive on Jan 7 1933 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:  
Influenza  
118  
1366  
1102

Date of onset

Other contributory causes of importance:  
Bronchitis

Name of operation None Date of.....  
What test confirmed diagnosis? None 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.....  
Where did injury occur? Home  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) G. D. Putman, M. D.  
(Address) Marshall Mo

