

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

Do not use this space.

8764

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 130
Towship Liberty Primary Registration District No. 5781
City Madison (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Mary Ann Williams
(a) Residence No. Madison St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of Abraham Williams</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 27 - 1846</u>					
7. AGE	YEARS <u>86</u>	MONTHS <u>9</u>	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>House work</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>at Home</u>					
(c) Name of employer _____					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>near Whitewater Mo.</u>					
10. NAME OF FATHER <u>Daniel Propper</u>					
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>					
12. MAIDEN NAME OF MOTHER <u>Unknown</u>					
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>					

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 17 1938

17. I HEREBY CERTIFY, That I attended deceased from Jan 5 - 1928 to Mar 17, 1938 that I last saw her alive on Mar 17, 1938, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Dilatation with
Tricuspid and Mitral Regurgitation
Complicated with oedema and
Catarrhal Pneumonia
Cardiac in duration 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) old age Catarrhal
Pneumonia Caused from influenza
(duration) yrs. mos. ds. 18

18. WHERE WAS DISEASE CONTRACTED
at place of death

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) J. M. Gentry M. D.
, 1938 (Address) Whitewater Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Charley Williams
(Address) Whitewater

15. FILED 3/17-1938 J. M. Gentry REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Barks Chaffle

20. UNDERTAKER
G. Unrue

DATE OF BURIAL
Mar 18 1938

ADDRESS
Leopold

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.

APR 24 1938

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WRITE PLAINLY WITH INK

