

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

Do not use this space.

24109

1. PLACE OF DEATH

County Linn
Township Liberty
City Swedeborg (No.)

Registration District No. 512
Primary Registration District No. 5941

File No.
Registered No. 14
St. Ward)

2. FULL NAME

(a) Residence, No. St., ... Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 10 - 1909</u>		
7. AGE <u>24</u>	YEARS <u>2</u>	MONTHS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		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) <u>1932</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Swedeborg mo</u>		
13. NAME <u>C. H. Williams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Swedeborg mo</u>		
15. MAIDEN NAME <u>Mary Gormack</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waynesville mo</u>		
17. INFORMANT (ADDRESS) <u>C. H. Williams Swedeborg mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope</u> DATE <u>7-2-33</u>		
19. UNDERTAKER (ADDRESS) <u>W. A. Oliver</u>		
20. FILED <u>July 2, 1933</u> <u>Ernest A. Oliver</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st 1933

22. I HEREBY CERTIFY, that I attended deceased from June 22, 1933, to July 1, 1933.
I last saw her alive on June 22, 1933. Death is said to have occurred on the date stated above, at 8:20 P.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset unknown
230
23

Other contributory causes of importance:
none

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.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Ernest A. Oliver, M. D.
(Signed) Ernest A. Oliver
(Address) Richland, mo.

NOTE—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.

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