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

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.

OCT 20 1933

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

Do not use this space.

30165

1. PLACE OF DEATH

County Linn — Registration District No. 496 — File No.

Township Brookfield — Primary Registration District No. 5660 — Registered No. 72

City ..... (No. Brookfield/Rant #4 St. ..... Ward)

2. FULL NAME Clara May Williams

(a) Residence, No. Brookfield, R.F.D. 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 7 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: C.L. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7/5/1884

7. AGE: 49 YEARS — MONTHS: 2 — DAYS: 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Livingston Co. Mo

FATHER

13. NAME: John F. Mast
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Livingston Co., Mo.

MOTHER

15. MAIDEN NAME: Mary Plager
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Livingston Co., Mo.

17. INFORMANT (ADDRESS): C.L. Williams Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Chillicothe, Mo. DATE: 9/28/33, 19

19. UNDERTAKER (ADDRESS): C.W. Hill Brookfield, Mo.

20. FILED 9-27, 1933 C E Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/27/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/29, 1933, to 9/27, 1933

I last saw her alive on 9/26/33, 19 ..... Death is said to have occurred on the date stated above, at 4:05 a.m.

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

	Date of onset
115A	
5 Acute Mononitis	2 x hrs.
93A	
93 a	

Other contributory causes of importance: Acute Articular Rheum & sensitive (left) Probably from infected teeth & tonsils — 9 weeks.

Name of operation: Sno Date of: ✓

What test confirmed diagnosis? Lab & Zol Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Sno 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? No

If so, specify

(Signed) Jno. M Lowry, M. D.

(Address) Brookfield, Mo.