

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

Do not use this space.

30931

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **ADVA**  
City **Solonia** (No. **Lutheran Hospital**) St. .... Ward)

File No. ....  
Registered No. **7591**

**2. FULL NAME**

**Mary Anna Williams**

(a) Residence, No. **1517 1/2 8th St** St. **73** Ward. .... (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 28 1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**62 11 3**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**  
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) **Solonia Mo.**

13. NAME **Sebastian Heale**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Solonia Mo.**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France**

17. INFORMANT **Mrs. Robert** (ADDRESS) **617 1/2 Marion**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Peter's Church** DATE **Sept 4, 1933**

19. UNDERTAKER **Wackerly & Heldreich** (ADDRESS) **2331 1/2 4th St**

20. FILED **SEP -2 1933** **J. Brebeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 12, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **July 1, 1933** to **Sept 12, 1933**  
Last saw him alive on **Aug 31, 1933** Death is said to have occurred on the date stated above, at **4:25** p.m.  
The principal cause of death and related causes of importance were as follows:

**ADENOCARCINOMA OF LEFT OVAR (VERY LARGE - MEASURING 11 1/2")**  
Other contributory causes of importance: **CHRONIC MYOCARDIAL DEGENERATION**

Name of operation **Laparotomy** Date of **8/31/33**  
What test confirmed diagnosis? **LABORATORY** Was there an autopsy? **No**

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? **No**  
If so, specify .....  
(Signed) **Walter E. Frank**, M. D.  
(Address) **1401 S. Polk**

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

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The following information was obtained from the records of the  
 Department of the Interior, Bureau of Land Management, on the  
 subject of the above-captioned tract of land.

The tract of land described in the above-captioned instrument  
 is situated in the County of [County Name], State of [State Name],  
 and is more particularly described as follows:

[Detailed description of the land tract, including acreage, location, and any other relevant details.]

The above-described tract of land is owned by [Owner Name],  
 who is the holder of the title to the same.

The above-captioned instrument was duly recorded in the  
 office of the County Clerk of the County of [County Name],  
 State of [State Name], on the [Date] day of [Month], 19[Year].

In testimony whereof, the County Clerk has hereunto set his  
 hand and the seal of the County of [County Name], State of  
 [State Name], at [City], this [Date] day of [Month], 19[Year].

[Signature of County Clerk]