

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

Do not use this space.
36682

JAN 8 1934

PLACE OF DEATH

County Jackson
Township New
City N. C. 2nd (No. 1310 Edmund Blvd)

Registration District No. 636
Primary Registration District No. 636

File No. 4605
Registered No. 4605 (Ward)

FULL NAME

Sarah Xantippa Williams

(a) Residence, No. 1310 Edmund Blvd, 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 (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-31-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Mo.

13. NAME Calvin Gave

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Mary Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Dr. Chas. E. Williams
3216 Harrison St

18. BURIAL, CREMATION, OR REMOVAL PLACE Lower DATE 11-24-33

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster
918 Brookman Ave

20. FILED Nov. 23 19 33 M. M. Crowne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-22-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1933 to Nov 22 1933
I last saw her alive on Nov 21 1933 Death is said to have occurred on the date stated above, at yes.

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

Lobar pneumonia Date of onset 11/16-33
1933
108
Other contributory causes of importance:
Arterio-sclerosis

Name of operation none Date of none
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 no, 19no
Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) C. E. Hutton, M. D.
(Address) 1800 1/2 East 31st

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Helmer

1800 1/2 E 31

No. 9617