FEB 27 1934

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

Do not use this space.

1937
1009

1. PLACE OF DEATH
County Montgomery
Township Loutre
City ..... (No. ..... St. ..... Ward)

Registration District No. 594
Primary Registration District No. 4352

File No. .....
Registered No. 2

2. FULL NAME Doris Lee Williams

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-4-1913

7. AGE YEARS 19 MONTHS 5 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Edward Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middletown Mo

MOTHER
15. MAIDEN NAME Georgia Tate
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middletown Mo

17. INFORMANT (ADDRESS) Mrs. G. Williams Rhineland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cem. Middletown Mo DATE 1/13 1934

19. UNDERTAKER (ADDRESS) Hugo Blumer Hermann Mo

20. FILED 1-11 1934 Nana Lee Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1934, to Jan 11, 1934
I last saw her alive on Jan 10, 1934. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
23A
9
23C

Date of onset: Dont know

Other contributory causes of importance: Whooping cough, and a T.B. History

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) O. R. Rauschelbach, M. D.
(Address) Rhineland Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.