

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

Do not use this space.

8393  
File No. \_\_\_\_\_  
Registered No. 698  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
31 County Warren Registration District No. 250  
Township Union Primary Registration District No. 5348  
City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Hatima May 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) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1896  
7. AGE YEARS 37 MONTHS 9 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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. Home  
10. Date deceased last worked at this occupation (month and year) Feb-1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
13. NAME Alpheus Hindley  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
15. MAIDEN NAME Myrtle Vandyke  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
17. INFORMANT Burg Williams  
(ADDRESS) Hallatin Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Crestmore DATE March-19 34  
19. UNDERTAKER (ADDRESS) H. A. Hope  
Hallatin Mo  
20. FILED 3-18- 1934 P. Gardner  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17 - 1934  
22. I HEREBY CERTIFY, That I attended deceased from March 10 1934, to March 17 1934  
I last saw him alive on March 17 1934. Death is said to have occurred on the date stated above, at 4 P. m.  
The principal cause of death and related causes of importance were as follows:  
Septicemia following Abortion Date of onset \_\_\_\_\_  
Other contributory causes of importance 140 / 40  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. Ex. 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? na  
If so, specify \_\_\_\_\_  
(Signed) P. V. Thompson, M. D.  
(Address) Jacksonport, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

