MAY 25 1934

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

Do not use this space.

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 12037

Township — Primary Registration District No. — Registered No. 518

City St.Joseph. (No. 1114 No.26th.St. St. Ward)

2. FULL NAME Alice Williams

(a) Residence, No. St., Ward. Spokane, Wash.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June.24.1854

7. AGE: YEARS 79 — MONTHS 10 — DAYS 6 — 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): Ypsilanti, Mich.

FATHER

13. NAME: Johnathan Voorhies
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mich.

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mich.

17. INFORMANT (ADDRESS): Mrs.H.W.Conser 1114 No.26th.St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt.Mora Cemetery DATE May.1.1934

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED 5-1-1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr.30.1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1934, to date, 4-30-, 1934
I last saw her alive on Apr 15, 1934. Death is said to have occurred on the date stated above, at 5.30 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of mouth — Date of onset ?

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Other contributory causes of importance: Starvation

Name of operation None — Date of
What test confirmed diagnosis? — 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) Paul Forgrave, M. D.
(Address) Tootle Bldg. St.Joseph,Mo.

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD