

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

Do not use this space.

MAY 25 1934

13850

1. PLACE OF DEATH

County Morgan Registration District No. _____
Township Orange Primary Registration District No. _____
City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

(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 FM 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 9 19

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

FATHER
13. NAME Warren P. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo.

MOTHER
15. MAIDEN NAME Belov & Cornett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo.

17. INFORMANT (ADDRESS) Warren P. Williams Brown Mills. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ing. Cemetery DATE Apr 30 1934

19. UNDERTAKER (ADDRESS) W. F. Medwell

20. FILED _____, 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1934

I HEREBY CERTIFY, that I attended deceased from Apr 23 1934 to Apr 29 1934

I last saw him alive on Apr 29 1934 Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Pneumonia

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) W. F. Medwell M. D.

(Address) Brown Mills Mo



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Morgan Registration District No. 597 File No. _____
 Township Osage Primary Registration District No. 25795 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Emma G. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-10-1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 19
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Morgan Mo

13. NAME Marion P. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Mo

15. MAIDEN NAME Beloa Barnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Mo

17. INFORMANT (ADDRESS) Marion P. Williams
Travels mill mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Travels DATE 4/30 1934

19. UNDERTAKER (ADDRESS) W. F. Redwell

20. FILED 4/11 1934 W. L. Hatter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1934 to Apr 29, 1934
 I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Pneumonia
Bronchial
no complications

Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify from _____ M. D.
 (Signed) W. L. Hatter
 (Address) Travels mo.

OCCUPATION
FATHER
MOTHER

SUPPLEMENTARY

S-13650