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

Do not use this space.

1. PLACE OF DEATH
County: Callaway
Township: ~~Fulton~~
City: Fulton (No. ..., ... St. ..... Ward)

Registration District No. 104
Primary Registration District No. 3008

File No. 19688
Registered No. 136

2. FULL NAME: Alice Williams
(a) Residence, No. Randolph Co St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 39 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUL 16 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
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): d. k

7. AGE: Years: About 62 Months: ..... Days: ..... If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): d. k Missouri

FATHER
13. NAME: d. k
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): d. k d. k

MOTHER
15. MAIDEN NAME: d. k
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): d. k d. k

17. INFORMANT (ADDRESS): Josp. Records Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: State Hospital DATE: July 1, 1934

19. UNDERTAKER (ADDRESS): Geo. Shoolbred Fulton Mo

20. FILED: July 1st 1934 R. M. Creens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to 6-28, 1934
I last saw h. alive on 6-28, 1934. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	
of S C	
Other contributory causes of importance:	
Epilepsy	40 years

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

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) Joseph Berg, M. D.
(Address) State Hospital Fulton, Mo