

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

Do not use this space.

20712

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Boyer Primary Registration District No. 7002
 City Boyer Mo. (No. General Hospital #2 3rd Ward)

File No. _____
 Registered No. _____

2. FULL NAME

Myrtle Williams
 (a) Residence, No. 1618 1/2 Grand 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Johnnie Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-19-1904</u>		
7. AGE YEARS <u>29</u>	MONTHS <u>11</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>—</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>		
10. Date deceased last worked at this occupation (month and year) <u>—</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo.

13. NAME
Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown

15. MAIDEN NAME
Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown

17. INFORMANT (ADDRESS)
Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE
Westlawn DATE 6-29-34

19. UNDERTAKER (ADDRESS)
Doyle Bros.

20. FILED June 29, 1934 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-2, 1934, to 6-13, 1934.
 I last saw h. ex alive on 6-13, 1934. Death is said to have occurred on the date stated above, at 5:15 PM.

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

Chronic Pulmonary Tuberculosis (Bilateral)
 Date of onset 23 1/2 yrs

Other contributory causes of importance:
Septemia

Name of operation Clinical 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) J. O. Taylor M. D.
 (Address) General Hosp. #2

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 17 1934

