

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.

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

Do not use this space.

NOV 20 1934

1. PLACE OF DEATH

County Macon
Township Magon
City Magon (No.)

Registration District No. 533
Primary Registration District No. 3027

File No. 33371
Registered No. 101
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1st 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>46</u>	<u>10</u>	<u>12</u>	

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. House wife

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Will Williams

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

15. MAIDEN NAME Malissa Washington

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

17. INFORMANT Leslie Nichols (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland DATE 9-15 1934

19. UNDERTAKER Stephan Gooding (ADDRESS) Macon Mo.

20. FILED 10 1934 Lowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1934 to 9-13 1934
I last saw him alive on June 20 1934 Death is said to have occurred on the date stated above, at 4:48 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1931
131
131
Other contributory causes of importance:
Chronic Myocarditis

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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 Yes

(Signed) Lee Crow
(Address) Macon Mo.

