

NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Clay
City (No.) (No.) St. Ward)

Registration District No. 4(1023)
Primary Registration District No. 5006

File No. 35108
Registered No. 205

2. FULL NAME

Florence Williams
(a) Residence, No. Willmuthville R.F.D. 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John F. Williams</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-11-1861</u>				
7. AGE	YEARS <u>72</u>	MONTHS <u>4</u>	DAYS <u>16</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>			
	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) <u>1-4-34</u>		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parkeburg Virginia</u>			
	13. NAME <u>Lloyd Dorton</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parkeburg Virginia</u>			
	15. MAIDEN NAME <u>Sarah Douglas</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Virginia</u>			
	17. INFORMANT (ADDRESS) <u>John F. Williams Willmuthville R.F.D.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel bent</u> DATE <u>10-29-34</u>				
19. UNDERTAKER (ADDRESS) <u>Dee Riley Nicholasville Mo.</u>				
20. FILED <u>Oct 29 1934 Spencer Meeman Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27-193422. I HEREBY CERTIFY, That I attended deceased from June 13 1933 to Oct 9 1934I last saw her alive on Oct 9 1934. Death is saidto have occurred on the date stated above, at 8:30 a.m.

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

Sclerosis of the Liver Date of onset 6/13/3312413 12413

Other contributory causes of importance:

Followed by general dropsyName of operation None 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) M. G. Kennedy, M. D.
(Address) Kentwood Missouri

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.

