

JAN 3 8 1935

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 37
Township Washburn Primary Registration District No. 5053
City (No. _____) St. _____ Ward _____

File No. 35151
Registered No. _____

2. FULL NAME Mollie 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bill Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 9, 1850</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>5</u>
	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
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) <u>Washburn, Mo.</u>		
FATHER	13. NAME <u>Cargill</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know</u>	
MOTHER	15. MAIDEN NAME <u>Eubanks</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know</u>	
17. INFORMANT <u>J. A. Williams</u> (ADDRESS) <u>Washburn, Mo. 64881</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 <u>34</u>		
19. UNDERTAKER <u>H. D. Lutz</u> (ADDRESS) <u>Cassville, Mo.</u>		
20. FILED <u>12/12, 1934</u> <u>J. W. Keller</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/15th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1930, 1930, to Oct 15, 1934
I last saw her alive on Oct 15, 1934 Death is said to have occurred on the date stated above, at 7:15 P.M.
The principal cause of death and related causes of importance were as follows:
Aortic insufficiency
and
MI
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 _____, 1934
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) Glenn A. Salzer, M. D.
(Address) Cassville, Mo.

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.

RECORD THIS IS A PERMANENT RECORD

