

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

Do not use this space.

36972

NOV 20 1934

1. PLACE OF DEATH

County Phelps
Township S. Dillon
City..... (No..... St..... Ward)

Registration District No. 678
Primary Registration District No. 5902

File No.....
Registered No.....

2. FULL NAME

Dortha Irene Williams

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

Length of residence in city or town where death occurred yrs. 2 mos. 1 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-8-1934</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation <u>none</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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St James Mo</u>		
13. NAME <u>Earl Williams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phelps Co Mo</u>		
15. MAIDEN NAME <u>Nancy Bacon</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scraperford Co Mo</u>		
17. INFORMANT (ADDRESS) <u>Earl Williams St James Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Phelps Co</u> DATE <u>10-10</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>W E Lecklider St James Mo</u>		
20. FILED <u>10-10</u> 19 <u>34</u> <u>Henry Walters</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9 1934

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:
had Whooping cough
strangled while parents was asleep
Date of onset

Other contributory causes of importance:
9 9

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....., 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.....
(Signed) W E Lecklider (coroner)
(Address) St James Mo

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.

