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.

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

Do not use this space.

**1. PLACE OF DEATH**

County: Audrain — Registration District No.: 26 — File No.: 38410

Township: ~~Southern~~ — Primary Registration District No.: 3002 — Registered No.: 159

City: Mexico - Mo (No. Audrain Hospital - St. ..... Ward)

**2. FULL NAME** Alta E. Williams

(a) Residence, No. R.F.D. #3 St., ..... Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: B. O. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 14, 1874

7. AGE: 60 YEARS — MONTHS: 3 — DAYS: 23 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Nov. 7, 1931
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fulton County Ill.

FATHER
13. NAME: Henry Barns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Emaline Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): B. O. Williams Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elmwood Mexico Mo DATE: Nov. 9 1934

19. UNDERTAKER (ADDRESS): R. A. Prechtel & Son Mexico, Mo.

20. FILED: 11-9-1934 Blanche Neely Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-7-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-7-1934, to 11-7-1934
I last saw her alive on 11-7-1934. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac embolus following fractured hip about 1½ hours previous. | |
| Other contributory causes of importance: Fractured hip. | |

Name of operation: None — Date of .....
What test confirmed diagnosis? Clinical — Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury 11-7-1934
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury: Fall
Nature of injury: Fractured left hip.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Frank Jolley, M. D.
(Address) Mexico, Mo.