

JUN 3 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13857

 File No. 132
 Registered No. 669
 St. _____ Ward)

1. PLACE OF DEATH

County PettusRegistration District No. 665

Township _____

Primary Registration District No. 3532City Sedalia(No. Bothwell Hoof)

St. _____ Ward)

2. FULL NAME

Vera Elaine Williams(a) Residence, No. 2619 E. 29th St. 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. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 29 - 1917</u>		
7. AGE YEARS <u>18</u>	MONTHS <u>2</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
10. Data deceased last worked at this occupation (month and year) _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kans.13. NAME E. Williams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Missouri15. MAIDEN NAME Florence Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas17. INFORMANT E. Williams (ADDRESS) K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grindstone Cemetery DATE 4-17- 193519. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia Mo.20. FILED April 15, 1935 Jean Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14, 193522. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1935, to Apr 14, 1935I last saw her alive on Apr 14, 1935. Death is saidto have occurred on the date stated above, at 10.00 a.m.

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

Gangrene of thigh
in left leg
driven
separating from bone
and left knee joint

Other contributory causes of importance:

bruised thigh

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? accident Date of injury 3-31, 1935Where did injury occur? near Hartman Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury motor vehicle accidentNature of injury wreck24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Mr. P. L. L. M. D.(Address) Sedalia 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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No., St. Ward)

Registration District No. 668
Primary Registration District No. 303.2

File No.
Registered No. 132

2. FULL NAME

Vera Elaine Williams

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 2 10

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED

Apr 15 1933 Jean S. Lack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4 1933

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the day stated above, at m.

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

Contused tissue in right left thigh
separation of synarthrosis of
acetabular joint

Other contributory causes of importance

bruise to thigh
auto accident

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? accident 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 Highway - Pushed

Nature of injury contusion

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

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July 2 8 1935

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