JUL 23 1935

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

Do not use this space.

20074

File No.
Registered No.

1. PLACE OF DEATH

County: Jasper
Registration District No.: 408
Primary Registration District No.: 3020
Township:
City: Carthage (No. , St. Ward)

2. FULL NAME LaDonna Williams

(a) Residence, No. 424 N. Vine St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21, 1916

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
18	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Lamar
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Ed Williams

14. BIRTHPLACE (CITY OR TOWN) Barton Co.
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Marie Fanning

16. BIRTHPLACE (CITY OR TOWN) Dade Co.
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Ed Williams
(ADDRESS) 424 N. Vine - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakton Cem. DATE June 18, 1935

19. UNDERTAKER Kugel Mortuary
(ADDRESS) Carthage, Mo.

20. FILED June 18, 1935 L. B. Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/16, 1935 to 6/16, 1935
I last saw her alive on 6/16, 1935. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epileptic Convulsions	6/15-35

Other contributory causes of importance: none

Name of operation none Date of
What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) J. A. La Ferree, M. D.
(Address) Carthage 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.