

SEP 20 1935

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

Do not use this space.

26154

1. PLACE OF DEATH

County Greene
Township
City Springfield

Registration District No. 318
Primary Registration District No. 7001

File No.
Registered No. 340

2. FULL NAME Thelma Geneva Williams

(a) Residence, No. _____ St. _____ Ward. Buffalo, Mo.
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
39 4 25

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

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) Dallas CO Mo.

13. NAME Lee Roy Scott

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

15. MAIDEN NAME Minnie Stroy

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

17. INFORMANT Chas. Williams

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton Branch DATE 8-5 1935

19. UNDERTAKER L. B. Jones

20. FILED 8-3 1935 Rehlinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/1 1935 to 8/3 1935

I last saw her alive on 8/2 1935 Death is said to have occurred on the date stated above, at 7:43 a.m.

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

Acute yellow atrophy of liver
12/1/35

Other contributory causes of importance:
5 pregnancy - spontaneous abortions followed - 7/29/35
Acute nephritis

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

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) Gray Hallaway, M. D.
(Address) Springfield 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.

