

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.

NOV 21 1935

32638

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaon Primary Registration District No. 1002
 City Kaon (No. General Hospital) Registered No. 10001
 St. 025011 (Ward)

2. FULL NAME Jeanette Williams
 (a) Residence, No. 2019 E. 24th 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 1 _____

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Berkson's

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) Ledington Mo.

13. NAME William Woodson

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

15. MAIDEN NAME Martha Parker

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

17. INFORMANT Mazie Stilson
 (ADDRESS) Chicago Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Ledington Mo. DATE 10/5 1935

19. UNDERTAKER Hatkins Bros.
 (ADDRESS) 1709 1/2 E. 24th

20. FILED 10/4 1935 M. W. Corwin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 - 1935 to Oct. 7 - 1935
 I last saw her alive on Oct. 7 - 1935 Death is said to have occurred on the date stated above, at 8:05 P.M.
 The principal cause of death and related causes of importance were as follows:
Addison's Disease
 Date of onset 68

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis Chinoid Was there an autopsy Yes

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? No
 If so, specify _____
 (Signatures) W. D. Corwin M. D.
 (Address) 10001 025011

