

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.

40667

1. PLACE OF DEATH

County Pulaski
Township Union
City Union (No. _____)

Registration District No. 766
Primary Registration District No. 5940

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Mary Ann 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1932
7. AGE YEARS 3 MONTHS 7 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year) 0 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) near Crocker, Mo (STATE OR COUNTRY)

FATHER 13. NAME Clifford M. Williams
14. BIRTHPLACE (CITY OR TOWN) Crocker, Mo (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME William, Foster
16. BIRTHPLACE (CITY OR TOWN) Lebanon, Mo (STATE OR COUNTRY)

17. INFORMANT Ruby Williams (ADDRESS) Crocker, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crocker DATE 12/19 1935

19. UNDERTAKER (ADDRESS) Dr. J. J. Jones
Lebanon, Mo

20. FILED Dec 19 1935 N. J. Self Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1935, to Dec 18, 1935
I last saw him alive on Dec 18, 1935. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

Diphtheria
Pneumonia, diphtheritic
Other contributory causes of importance:
Date of onset 12-17-35

Name of operation none Date of _____
What test confirmed diagnosis? none 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 0, 19____
Where did injury occur? near Crocker, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) C. Wallate, M. D.
(Address) Crocker, Mo

