

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

Do not use this space.

JAN 13 1936

42113

1. PLACE OF DEATH

County *Saline*
Township *Miami*
City *Miami* (No. St. Ward)

Registration District No. *797*
Primary Registration District No. *4477*

File No.
Registered No. *26*

2. FULL NAME

Emma Williams

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *3 1/2* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Caucasian* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec-24-1885*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 11 29

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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Saline Co. Mo* (STATE OR COUNTRY)

13. NAME *Tom Rhodes*

14. BIRTHPLACE (CITY OR TOWN) *don't know* (STATE OR COUNTRY)

15. MAIDEN NAME *don't know*

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

17. INFORMANT *Russel Williams* (ADDRESS) *Miami Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Miami Mo* DATE *Dec. 23 1935*

19. UNDERTAKER *George Wilson* (ADDRESS) *Miami Mo*

20. FILED *12-23 1935* *Mrs Aubrey Haynes* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 22 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 16 1935* to *Dec. 22 1935*

I last saw her alive on *Dec 21 1935* Death is said to have occurred on the date stated above, at *4 a.m.*

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

disease of stomach & bladder and entirely demented

Other contributory causes of importance:

Date of onset

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? Date of injury 19

Where did injury occur?

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

Manner of injury *IB*

Nature of injury

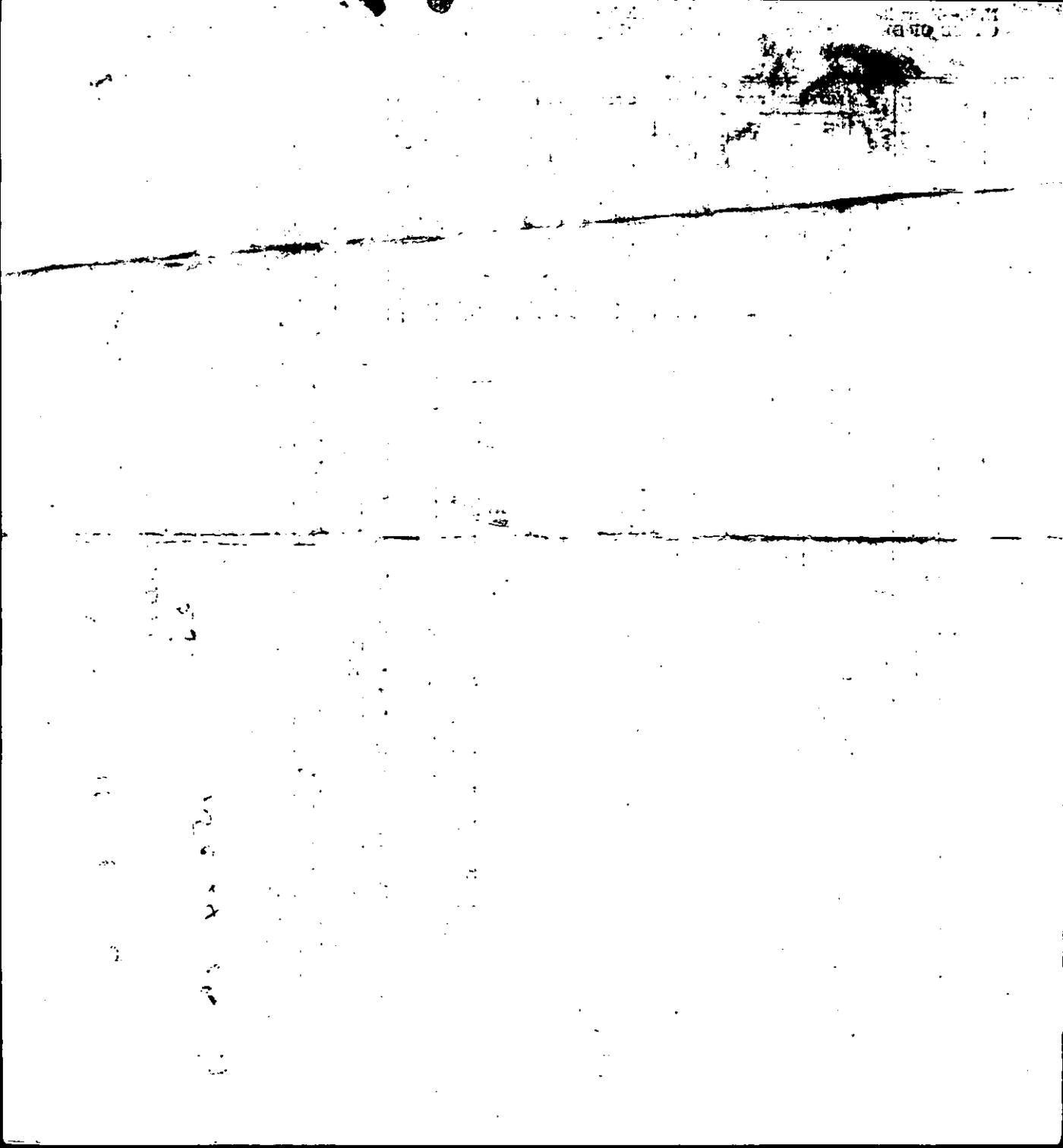
24. Was disease or injury in any way related to occupation of deceased?

If so, specify *no*

(Signed) *H. D. Ready*, M. D.

(Address) *Miami 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.



100

100-100000-100000

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township _____
City _____ (No. _____)

Registration District No. 797
Primary Registration District No. 7477

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Emma Williams

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

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

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

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

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) absent in this occupation _____

Disease of Stomach + bladder
Inflammation of stomach and no control of bladder. Cause unknown.
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance:
No further history

13. NAME _____

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

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

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.

15. MAIDEN NAME _____

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

Manner of injury _____
Nature of injury _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____, 19____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

19. UNDERTAKER (ADDRESS) _____

(Signed) A. N. Brady, M. D.
(Address) Miami, Mo.

20. FILED 12-22, 1936 Mrs. Bebeey Haynes Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SURRENDERED

S-42113