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.

FEB 19 1936

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

Do not use this space.

1888

File No.
Registered No.

1. PLACE OF DEATH
County: Laclede
Township:
City: Lebanon (No. , St. Ward)
Registration District No. 449
Primary Registration District No. 4267

2. FULL NAME: Dessie Maud 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

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: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 17 1917
7. AGE: Years 18 Months 4 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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

FATHER
13. NAME: George White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dallas Co

MOTHER
15. MAIDEN NAME: Bertha Harn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dallas Co Mo

17. INFORMANT: Mrs Geo White
(ADDRESS): Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Buffalo DATE: 1/9 1936

19. UNDERTAKER: W. E. Holman
(ADDRESS): Lebanon Mo

20. FILED: 1-7-1936 J. A. McComb
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1936, to Jan. 7, 1936
I last saw her alive on Jan 7, 1936. Death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis, pul | |

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Exam. 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 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) P. Thompson, M. D.
(Address) Lebanon Mo.