CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Cambre

Do not use this space.

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

MAR 23 1936

6758

1. PLACE OF DEATH

County: MACON — Registration District No.: 533 — File No.:

Township: — Primary Registration District No.: 3027 — Registered No.: 20

City: MACON (No. ..., ... St. ..... Ward)

2. FULL NAME: SARAH E. WILLIAMS

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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: FEMALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: FRANK WILLIAMS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY 6 1862

7. AGE: YEARS 73 — MONTHS 9 — 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.: AT HOME

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): MACON CO, MO

FATHER

13. NAME: PAUL C. GRIMES

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

MOTHER

15. MAIDEN NAME: LUCINDA GODDARD

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

17. INFORMANT (ADDRESS): JIM GRIMES, KANSAS CITY, MO

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: BEVIER, MO DATE: FEB 13 1936

19. UNDERTAKER (ADDRESS): ALBERT SKINNER MACON, MO

20. FILED: 3/11 1936 Leota Newton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): FEB. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept-5-, 1935, to Feb-11-, 1936
I last saw her alive on Feb-11-, 1936. Death is said to have occurred on the date stated above, at 11:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:
General arteriosclerosis with hypertension

Name of operation: ..... Date of: .....
What test confirmed diagnosis? Clinical 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? No
If so, specify:
(Signed) A L Cambre, M. D.
(Address) Macon - Mo