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

MAR 24 1936

Do not use this space.

File No. 7121

1. PLACE OF DEATH
County *Pettis*
Registration District No. *118*
Township *Blackwater*
Primary Registration District No. *6386*
Registered No. *8*
City *Lamont* (No.) St. Ward)

2. FULL NAME *Daisy Belle Williams*

(a) Residence, No.
(Usual place of abode) St., Ward.
(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 *Female*
4. COLOR OR RACE *white*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1870 - 9 - 13*

7. AGE YEARS *55* MONTHS *7* DAYS *15* If LESS than 1 day, ...hrs. or ...min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*

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) *Indiana*

FATHER
13. NAME *L C Langdon*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

MOTHER
15. MAIDEN NAME *Francis Hershman*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Carden Ind*

17. INFORMANT (ADDRESS) *C H Williams Lamont*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Otterville* DATE *Feb 29* 19 *6*

19. UNDERTAKER (ADDRESS) *Ewing Funeral Home Sedalia Mo*

20. FILED *Feb 29* 19 *36* *Florence E Taylor* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 28*, 19 *36*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 20*, 1936, to *Feb 28*, 19 *36*
I last saw her alive on *Feb 28*, 19 *36* Death is said to have occurred on the date stated above, at *8:23* a. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

(1) *Myocarditis*

1 yr

Other contributory causes of importance:
(2) *Cbr nephritis*

Name of operation *none* 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) *R. W. Coode*, M. D.
(Address) *Knob Noster, Mo*

Ida Graves
Kingston