WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 16 1936

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

Do not use this space.

9739

1. PLACE OF DEATH
County Charlton — Registration District No. 177 — File No. 21
Township Triplett — Primary Registration District No. 3245 — Registered No. 83
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Edgar 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: 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 Boyd Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-26-1887

7. AGE: YEARS 48 — MONTHS 3 — DAYS 13 — 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) Keytsville Mo

FATHER
13. NAME James C. Rucker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynchburg Va

MOTHER
15. MAIDEN NAME Emma F. Chockley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewisburg W. Va.

17. INFORMANT (ADDRESS) Maude Rucker Keytsville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Keytsville DATE 3/12 1936

19. UNDERTAKER (ADDRESS) S. L. Leopard Mendon Mo

20. FILED Mar 11 1936 R. P. Pree Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 4 1936 to Mar 10 1936
I last saw her alive on Mar 10 1936 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance: Chronic endocarditis & myocarditis

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. H. Bost Brown, M. D.
(Address) Boonville Mo