JUN 23 1936

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

Do not use this space.

19808

1. PLACE OF DEATH

County: Jasper — Registration District No.: 411 — File No.:

Township: [illegible] — Primary Registration District No.: 2092 — Registered No.:

City: Joplin — (No. Truman Hosp St. Ward)

2. FULL NAME Williams, Hattie May

(a) Residence, No. Seneca, Mo. St., Ward. Seneca, Mo.
(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: 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: Mr. J. A. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-16-1873

7. AGE: Years 62 — Months 11 — Days 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Caney, Kan

FATHER

13. NAME: Lester, Anderson Banks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Somerset, Kentucky

MOTHER

15. MAIDEN NAME: Jones, Carolyn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Somerset, Kentucky

17. INFORMANT (ADDRESS): Mrs. Christine Spencer

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Seneca Cemetery DATE: 5-19, 1936

19. UNDERTAKER (ADDRESS): Lane Funeral Home, Miami, Okla.

20. FILED: 5-19, 1936 Ed D. Jones, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-9, 1936 to May 18, 1936

I last saw her alive on May 18, 1936. Death is said to have occurred on the date stated above, at 4:40 P.M.

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

	Date of onset
Coma	
Pulmonary embolus	

Other contributory causes of importance: Strangulated Umbilical Hernia - Hernia strangulated 20 hours.

Name of operation: 30" of gut removed Date of: May 4-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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. Mitchell Geary, M. D.

(Address) Joplin 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.

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