

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.

1392 SEP 28 1936

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

Do not use this space.

27542

1. PLACE OF DEATH
 County Remond Registration District No. 605
 Township _____ Primary Registration District No. 1392
 City Steub Mo (No. _____) St. _____ Ward _____

2. FULL NAME Eva Mal 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 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 G. C. T. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-12-1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>38</u>	<u>8</u>	<u>11</u>	

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) Pontate, Miss

13. NAME Jack Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pontate, Miss

15. MAIDEN NAME Eva Ward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pontate, Miss

17. INFORMANT G. C. T. Williams
(ADDRESS) Steub Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE No 8 Ceml DATE 7-23-36

19. UNDERTAKER Vermon Undert Co
(ADDRESS) Steub Mo

20. FILED 79 26 L. J. Robinson
19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1936 to 7-22, 1936
 I last saw h. _____ alive on _____, 19____. 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:
uremia & Post Partal Hemorrhage
 (Date of onset) _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. R. M. D. H. H. H., M. D.
 (Address) _____

