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.

OCT 21 1936

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

Do not use this space.

33925

1. PLACE OF DEATH
County Christian — Registration District No. 185 — File No.
Township ~~Sparta~~ — Primary Registration District No. 4111 — Registered No.
City Sparta (No. , St. Ward)

2. FULL NAME Mary Elizabeth 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 1 Sex 1863
7. AGE: YEARS 73 — MONTHS 7 — DAYS 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Missouri

FATHER
13. NAME: Franklin Goodnight
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Carolin Swearengin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carolina

17. INFORMANT (ADDRESS): Jim Williams Sparta Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Pansy Mo. DATE 9-4 36
19. UNDERTAKER (ADDRESS): Rathbun & Chaffin Sparta Mo
20. FILED 10-6 1936 Josephine Merritt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 3 36

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1933 to Sept 3rd 1936
I last saw her alive on Sept 3rd 1936 Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgatation	unknown
9 2	

Other contributory causes of importance: Arterio sclerosis

Name of operation: Date of
What test confirmed diagnosis? Physical 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) [signature], M. D.
(Address) Sparta Mo