V. S. No. 2.

MARGIN RESERVED FOR BINDING

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.

OCT 23 1936

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

Do not use this space.

34998

1. PLACE OF DEATH

County Mercer — Registration District No. 558 — File No. 5

Township Lindley — Primary Registration District No. 5752 — Registered No. 54

City — (No. ..... St. ..... Ward)

2. FULL NAME Clella May Williams

(a) Residence. No. Mercer Co. Mo. 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: 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: Fred Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 9. 1888

7. AGE: Years 47 — Months 11 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer County Mo.

PARENTS

10. NAME OF FATHER: John Robbins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Laura E. Hall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

14. INFORMANT: Fred Williams
(Address): Pleasanton Iowa

15. FILED 9/18, 1936 J M Perry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 16 1936

17. I HEREBY CERTIFY, That I attended deceased from Sept 16 —, 1936, to Sept. 16 —, 1936 that I last saw her alive on Sept 16 —, 1936, and that death occurred, on the date stated above, at 11 20 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhages from Placenta Previa
Cervicalis. Shock
Dystosia [illegible]
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Old Primipara Small Rigid Outlet
Extra Large Child 11# (duration) ✓ yrs. ✓ mos. ✓ ds.

18. WHERE WAS DISEASE CONTRACTED: Forceps Delivery

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? All Clinical Signs

(Signed) M. H. Rogers, M. D

9/16, 1936 (Address) Leon Ia.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. ✓

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Freedom Cem. — DATE OF BURIAL: Sept 20 1936

20. UNDERTAKER: Frank S. Stewart — ADDRESS: Leon Iowa