

Steinmetz

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

Do not use this space.

37252

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.

NOV 23 1936

1. PLACE OF DEATH

County Dunklin
 Township Holcomb
 City _____ (No. _____)

Registration District No. 284
 Primary Registration District No. 5404B

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Sallie 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF <u>W. J. C. Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12 1869</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>2</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

13. NAME S F

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Martha

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT W. J. C. Williams
 (ADDRESS) Holcomb, Mo. Rt. 1

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Holcomb DATE 10-12-36

19. UNDERTAKER W. H. G. G. G. G. G.
 (ADDRESS) Clark

20. FILED 11-9 1936 J. Anderson
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1936, to 9/18, 1936
 I last saw her alive on 9/15, 1936. Death is said to have occurred on the date stated above, at 6:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Myocarditis
38
malaria
 Date of onset 9/12

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. A. Steinmetz, M. D.
 (Address) Clarkton Mo

