JAN 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan, Registration District No. 85 File No. 43824

Township Primary Registration District No. 1001 Registered No. 1518

City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME Nellie Williams,

(a) Residence, No. 612 Corby St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Williams,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	43	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home,

10. Date deceased last worked at this occupation (month and year) December 1936

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chadorn, Nebraska,

FATHER

13. NAME Ulyssis Grant Hodgins,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County, Missouri,

MOTHER

15. MAIDEN NAME Laura Pennington,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

17. INFORMANT (ADDRESS) Don Edwards Forest City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Vault DATE Dec. 12 1936

19. UNDERTAKER (ADDRESS) Heaton-Bigole Bowman 319 So. 10th. Street, Funeral

20. FILED 12-12 1936 H. J. Neglebeck By J.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/10, 1936 to 12/10, 1936

I last saw her alive on 12/10, 1936. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

	Date of onset
Cerebral Hemorrhage	12/10/36

Other contributory causes of importance:

Hypertension	unknown

Name of operation Date of

What test confirmed diagnosis? Clinical 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) C. S. Franson, M. D.

(Address) 620 Francis St.

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

6-1782