

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.

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

Do not use this space.

44478

JAN 29 1937

1. PLACE OF DEATH

County Greene Registration District No. 320
Township Center Primary Registration District No. 5443
City Willard, R.F.D. #2 (No. Willard, R.F.D. #2) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Julia Barbara Williams
(a) Residence No. Willard R.F.D. No 2 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. W. Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1896
7. AGE YEARS 40 MONTHS 3 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Mother
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) Walnut Shade, Mo.

13. NAME G. F. Chandler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene, Mo.

15. MAIDEN NAME Lizzie Weatherman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Mo.

17. INFORMANT (ADDRESS) H. W. Williams, Willard, R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Clear Creek DATE Dec. 26, 1936

19. UNDERTAKER (ADDRESS) G. G. Higgins, Springfield, Mo.

20. FILED Nov 23, 1936 Lucy E. Newell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936, to Dec 23, 1936.
I last saw her alive on Dec 23, 1936. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

Nephritis
#Urperal#
Date of onset not know

Other contributory causes of importance: NO
nitral insufficiency
and a premature labor

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical and laboratory

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) H. K. Cowen M. D.
(Address) Chas. Grove Mo.

JUN 20 1957