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.

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

JAN 27 1937

Do not use this space.

47348

1. PLACE OF DEATH

County Stoddard — Registration District No. [illegible] — File No.

Township Liberty — Primary Registration District No. 45-09 — Registered No.

City Dexter (No. , St. Ward)

2. FULL NAME Mary C. Williams

(a) Residence, No. 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	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 Henry T. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
82	11	29	

OCCUPATION

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

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) Indiana

FATHER

13. NAME Austin Kelly

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

MOTHER

15. MAIDEN NAME Elizabeth Rice

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

17. INFORMANT (ADDRESS) Henry T. Williams Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter Cemetery DATE 12-31-36, 19

19. UNDERTAKER (ADDRESS) Blankenship-Strickland Dexter, Mo.

20. FILED 1-7 1937 Mrs M B Gamel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20th, 1936, to Dec 30, 1936

I last saw her alive on Dec 27th, 1936 Death is said to have occurred on the date stated above, at 1:45 A. M.

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

	Date of onset
Carcinoma of Liver	1936

Other contributory causes of importance: ✓

Name of operation No Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) S. S. Davis, M. D.

(Address) Dexter Mo