

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.

FEB 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City St. Francois

Registration District No. 773
Primary Registration District No. 6018A

File No. 2852
Registered No. 70
St. _____ Ward _____

2. FULL NAME

Delia Belle Williams

(a) Residence, No. _____ St., _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>none</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 19 1872</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>5</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>230</u>	
	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) <u>St. Francois Co. Mo</u>		
MOTHER	13. NAME <u>Isaac Van Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Mary Ann Welker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Frank Williams</u> <u>Clarno, Mo. R #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. P. Farming</u> DATE <u>Jan 26 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Meident and Co</u> <u>Farmington, Mo</u>		
20. FILED <u>Jan 26 1937</u> <u>T. B. Robinson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1937, to 1/24, 1937
I last saw her alive on 1/23, 1937. Death is said to have occurred on the date stated above, at 11:05 a.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia
Double
Other contributory causes of importance
hypertension (chronic)

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) Chas. C. Wright, M. D.
(Address) Farmington Mo

37-1-24
72-10-9

64-2-15