APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Dunklin
Township: Salem
City: ..... (No. ..... St. ..... Ward)

Registration District No. 290
Primary Registration District No. 5408

File No. 11800
Registered No. 91

2. FULL NAME: Flora Lee 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 30, 1915

7. AGE: 21 YEARS, 4 MONTHS, 20 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X X
10. Date deceased last worked at this occupation (month and year): X X
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lake City Ark

FATHER
13. NAME: V. C. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

MOTHER
15. MAIDEN NAME: Maggie Gill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Maggie Johnson, Senath, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Senath Cemetery DATE: March 21 37

19. UNDERTAKER (ADDRESS): McDaniel Funeral Service Inc, Senath Mo

20. FILED: Apr. 12, 1937 A. D. McDaniel, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 20, 37

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to March 16, 1937
I last saw her alive on March 16, 1937. Death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Complication from Influenza

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) Robert E. Martin, M. D.
(Address) Senath Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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