

MAY 21 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 422Township JeffersonPrimary Registration District No. 5574City Jefferson

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. 16723

Registered No. \_\_\_\_\_

## 2. FULL NAME

Emma Eliza 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 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1880

7. AGE YEARS 56 MONTHS 9 Days 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Hillsboro Mo.13. NAME Edw. King14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Mo.15. MAIDEN NAME Caroline Mischen16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Mo.17. INFORMANT (ADDRESS) Thos. Williams Hillsboro Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsboro Mo. DATE April 11 193719. UNDERTAKER (ADDRESS) Donald B. Dittich Hillsboro Mo.20. FILED May 7 1937 Jessie Donnell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 193722. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1936, to April 8, 1937Last saw her alive on April 5, 1937. Death is saidto have occurred on the date stated above, at 3:15 p.m.

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

Carcinoma of Breast Date of onset 193550

Other contributory causes of importance:

Essential Hypertension 1925Name of operation Radical Breast Date of Dec. 1935What test confirmed diagnosis? Lab. 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.

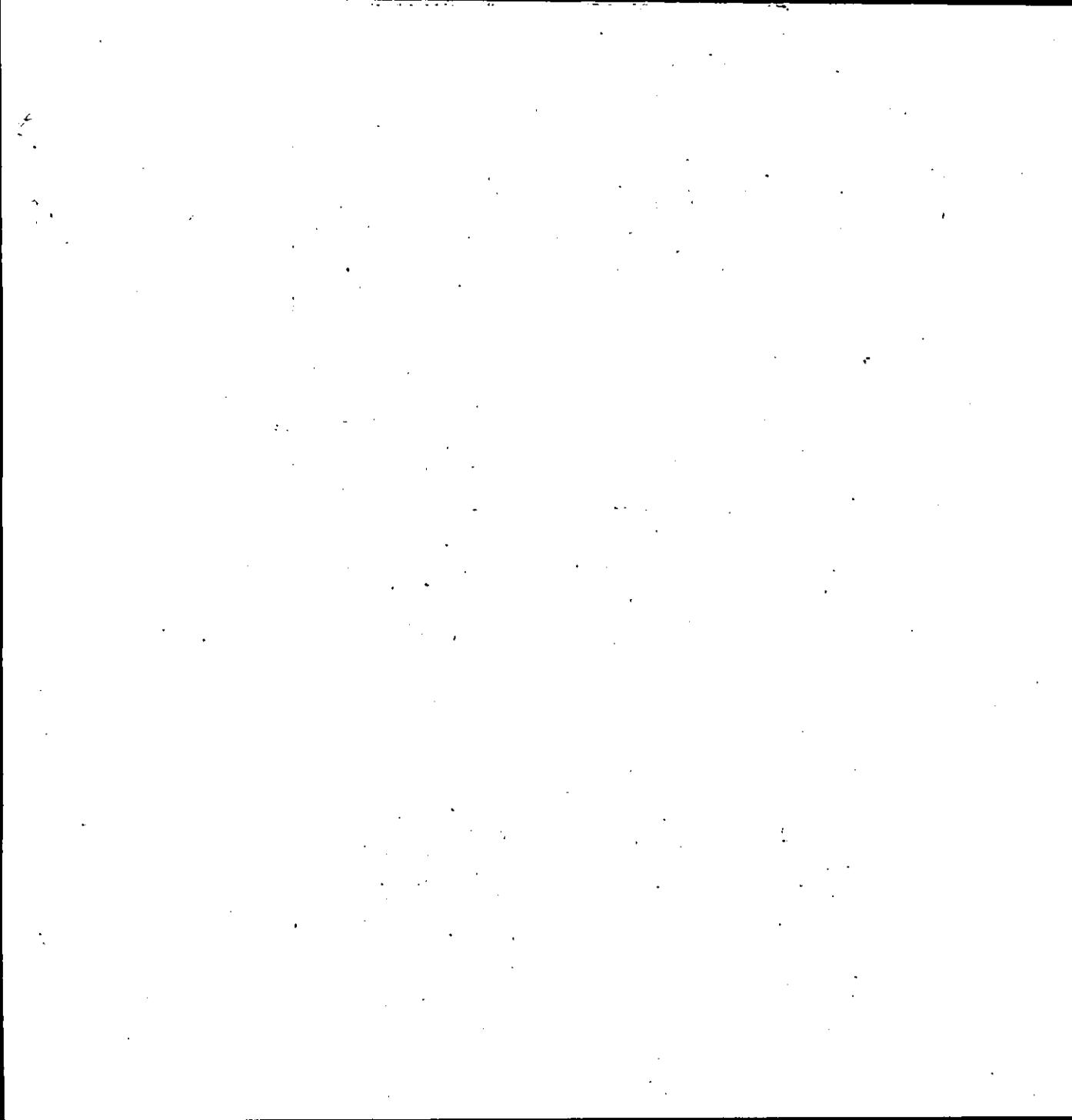
Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Charles S. Salter, M. D.(Address) De Soto, Mo.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jefferson  
Township Central  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 420  
Primary Registration District No. 5574

File No. 16723  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Emma Eliz Williams

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 to April 8, 1937  
I last saw her alive on Apr 5, 1937 Death is said to have occurred on the date stated above, at 3:15 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1880

The principal cause of death and related causes of importance were as follows:  
Carcinoma of breast Date of onset \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 9 4

Carcinoma of breast

OCCUPATION

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

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

Other contributory causes of importance:  
Essential Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Mo

FATHER

13. NAME J. W. King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Mo

MOTHER

15. MAIDEN NAME Caroline Marsden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Mo

Name of operation Radical Breast Date of Apr 1935

What test confirmed diagnosis? lab 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? yes

If so, specify \_\_\_\_\_

(Signed) Chas E Talbot, M. D.

(Address) Hillsboro Mo

17. INFORMANT (ADDRESS) Thos Williams  
Hillsboro Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsboro Mo DATE April 11, 1937

19. UNDERTAKER (ADDRESS) Ronald B Dietrich  
Hillsboro Mo

20. FILED May 7, 1937 Jeneva Dannel  
Registrar.

S-16973