

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Oregon Registration District No. 636
 Township Woodside Primary Registration District No. 5843
 City (No. _____) St. _____ Ward _____

2. FULL NAME Rebecca Margaret Cates 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)

File No. 17140
Registered No. 10

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 PC Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 73 5 13

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

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) Batonville ark

13. NAME Pinkney Cates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not given

15. MAIDEN NAME Faires

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

17. INFORMANT PC Williams
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bailey cemetery DATE April 20 1937

19. UNDERTAKER Grover Wiggins acting
(ADDRESS) altor

20. FILED 4/29 1937 Enoch Bailey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1937

22. I HEREBY CERTIFY, That I attended deceased from April 13 1937, to April 19 1937.
 I last saw her alive on April 13 1937. Death is said to have occurred on the date stated above, at 7 a.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy.

Date of onset 5/12/37

Other contributory causes of importance:

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) W. H. Elton, M. D.
 (Address) Elton

