

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

Do not use this space.

MAY 31 1937

17208

1. PLACE OF DEATH  
County Pettis Registration District No. 668  
Township Wichita Primary Registration District No. 3032  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Cassie Lena Williams  
(a) Residence, No. R 70 #5 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.

File No. 109  
Registered No. 668

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) Widowed  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sherman J. Williams  
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1869  
8. AGE YEARS 67 MONTHS 4 DAYS 13  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Smithton, Missouri  
13. NAME Sherman Demand  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Mary Holcomb  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
17. INFORMANT (ADDRESS) J. W. Pissler, Sedalia RR #3  
18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 4-2-1937  
19. UNDERTAKER (ADDRESS) McLaughlin Bros, Sedalia  
20. FILED April 2, 1937 Jean Slack Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1937  
22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1936 to Mar. 31, 1937  
I last saw her alive on Mar. 29, 1937. Death is said to have occurred on the date stated above, at 1:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Anginal pectoris  
Diabetes mellitus  
arterio-sclerosis  
Other contributory causes of importance:  
None  
Name of operation None Date of None  
What test confirmed diagnosis Cholesterol 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) J. W. Pissler M. D.  
(Address) Sedalia, Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

MOTHER FATHER

