

JUL 31 1937

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

Do not use this space.

25064

1. PLACE OF DEATH

County Stoddard
Township Richland
City Morehouse, Mo. R. F. D.

Registration District No. 839
Primary Registration District No. 6101

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME Rosa Ann Nation Williams

(a) Residence, No. R. F. D. Morehouse, Mo. 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.

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 D. E. Williams.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 59 8 8

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crittendon Co. Ky.

MOTHER FATHER 13. NAME William Nation

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Surname Schumacher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT D. E. Williams
(ADDRESS) Morehouse, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morley, Mo DATE 6-26-37 19

19. UNDERTAKER Welsh Undertaking parlors
(ADDRESS) Sikeston, Mo

20. FILED 7-12-37 J. P. Brander
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25-37 19 37

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1937, 19____, to June 25, 1937, 19____

I last saw her alive on 6-6-37, 19____. Death is said

to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver

Date of onset

Other contributory causes of importance: None

Name of operation Operated for Gall Bladder

What test confirmed diagnosis? Biopsy 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? _____

If so, specify _____
(Signed) A. Glenn Jones, M.D. M. D.

(Address) Morehouse, 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.

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