

AUG 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County GrundyTownship Marion

City

(No.

St.

Ward)

Registration District No. 119Primary Registration District No. 5454A

File No.

27290

Registered No.

2. FULL NAME

Clara Williams(a) Residence, No. Franklin Twp Spickard Mo 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

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFMarion Williams

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

Feby 1 1862

7. AGE

9

YEARS

MONTHS

5

DAYS

23If 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Grundy Co MO

FATHER

13. NAME Charles Mc Laughlin14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Indiana

MOTHER

15. MAIDEN NAME Lavina Jane Coldiron16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)VirginiaMarion Williams17. INFORMANT
(ADDRESS)Spickard Mo

18. BURIAL, CREMATION, OR REMOVAL

South Evans Grundy DATE July 26 193719. UNDERTAKER Chas E Schooler
(ADDRESS) Spickard Mo

20. FILED

8-9-1937J. B. Humphreys
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 5 1937, to July 24 1937I last saw her alive on July 24 1937 Death is saidto have occurred on the date stated above, at 4:05 P M

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

Septicemic Streptococci
infection involving
throat + frontal
sinus

Date of onset

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? No

If so, specify

(Signed)

Spickard Mo, M. D.(Address) Spickard 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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