

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Jackson

Registration District No.

399

Township

Clay

Primary Registration District No.

1002

City

Ke

(No.

582 Troost

29620

File No.

Registered No.

352 1/2

St.

Ward

2. FULL NAME

Lucille Williams Clay

(a) Residence, No.

582 Troost

St.

Ward.

(Usual place of abode)

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

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

June 16 - 1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

30

46

1

15

OCCUPATION

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.

Housework

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)

Missouri

13. NAME

John Henry Williams

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

Texas

15. MAIDEN NAME

Belle Brown

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

Clay Missouri

17. INFORMANT (ADDRESS)

Mrs. George May Troost

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Highland

DATE

Aug-4-1937

19. UNDERTAKER (ADDRESS)

W. B. Moore 1420 N. 15th St.

20. FILED

Aug 4, 1937 M. M. Benson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 29, 1937, to July 31, 1937

I last saw her alive on July 31, 1937

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:

Chronic myocarditis
Partial coronary occlusion

Date of onset

Other contributory causes of importance

Acute cardiac dilation
Acute Pulmonary congestion

Name of operation

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Lon. M. Tillman M. D.

(Address) 1618 1/2 dia. av.

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.

