

WRITE PLAINLY WITH UNFADING INK...THIS IS A PERMANENT RECORD

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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2
4

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cooper
Township
City Boonville

Registration District No. 218
Primary Registration District No. 3015
(No. St. Joseph Hospital)

File No. 34029
Registered No. 83

2. FULL NAME

Madalyn Williams

(a) Residence, No. _____ St. _____ Ward. Versailles Mo.
(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 Female 4. COLOR OR RACE White 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) Dec 10-1922

7. AGE YEARS 14 MONTHS 8 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Student
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) Versailles Mo

MOTHER 13. NAME Roy Vincil Williams

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

15. MAIDEN NAME Carrie Sherman

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

17. INFORMANT Roy Vincil Williams (ADDRESS) Versailles Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles Mo DATE Sept 6 1937

19. UNDERTAKER W. J. Kidwell (ADDRESS) Versailles Mo

20. FILED Sept 4 1937 D. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-3-1937, to 9-4-1937, 1937

I last saw her alive on 9-3-37, 1937 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

General peritonitis
Perforated appendicitis

Date of onset 9/3/37
9/27/37

Other contributory causes of importance:

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Name of operation Incision of Douglas cul-de-sac Date of 9/5/37
What test confirmed diagnosis? Clinical 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) Shea, M. D.
(Address) Boonville, Mo.

