NOV 15 1937

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

36091
Do not use this space.

791
1003
9668

1. PLACE OF DEATH

(a) County ..... Registration District No. 1

(b) Township ..... Primary Registration District No. 1003 Registered No. 9668

(c) City St. Louis, Mo. (d) Street No. Barnes Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. 5 ds. (f) How long in U. S., If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GENEVA LORAINE WILLIAMS

(a) Residence, No. 210 West 5th Street St. NR Fulton, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Zim Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 12th, 1912

7. AGE: Years 25 | Months 1 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Sept. 1937
11. Total time (years) spent in this occupation: 2 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Oscar Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Effie Lee Reavis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Zim Williams, Fulton, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clarksville, Mo. DATE Oct. 18th 1937

19. FUNERAL DIRECTOR (ADDRESS): Albert H. Hoppe Inc., 4429 N. Euclid Avenue

20. FILED OCT 18 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-11-, 1937, to 10-16-, 1937
I last saw her alive on 10-16, 1937. Death is said to have occurred on the date stated above, at 4:40 p.m.
The principal cause of death and related causes of importance were as follows:

PULMONARY TBC.
BILATERAL & CAVITATION

23

Date of onset 1935

Other contributory causes of importance:
PLEURISY & EFFUSION

Name of operation ..... Date of .....
What test confirmed diagnosis? X-RAY SPUTUM 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) Jens Haffner, M. D.
(Address) BARNES HOSP.

(Licensed Embalmer's Statement on Reverse Side)

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.

DEC 1949

STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)