NOV 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Pulaski Registration District No. 713 File No. 38545
Township Cullen Primary Registration District No. 5942 Registered No.
City (No. St. Ward)

2. FULL NAME Cordelia Josaphine Williams
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ashley Goodloe Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 23-1869
7. AGE: YEARS 68, MONTHS 2, DAYS 8. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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): Sept 2, 1937
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maries Co. Mo.

FATHER
13. NAME: Wm Branson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maries Co. Mo.

MOTHER
15. MAIDEN NAME: Finn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maries Co. Mo.

17. INFORMANT: Sterling Williams
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bradford cem. DATE: Nov. 2, 1937

19. UNDERTAKER: J. L. Hoops + Sons
(ADDRESS): Crocker, Mo.

20. FILED 11/2 1937 E. P. Polster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1937, to Nov. 1, 1937
I last saw her alive on Oct. 31, 1937. Death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia, bronchial — Date of onset: 10-29-37

Other contributory causes of importance: 107a

Name of operation: none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. Mallette, M. D.
(Address) Crocker, 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.