

JAN 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

44837

Do not use this space.

1. PLACE OF DEATH

(a) County BuchananRegistration District No. 86(b) Township WashingtonPrimary Registration District No. 5129Registered No. 76(c) City St. Joseph(d) Street No. Route # 6

(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. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Jane Williams(a) Residence, No. Route # 6St. ☐

(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)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFHarvey B. Williams

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

Jan. 25, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

751019

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Buchanan County
Missouri

FATHER

13. NAME

John Pettet14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Unknown

MOTHER

15. MAIDEN NAME

Elizabeth Duesse16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Unknown17. INFORMANT
(ADDRESS)Mrs. James Goodman
Route # 6, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bethel Cemetery DATE Dec. 16, 1937Clark Mortuary19. FUNERAL DIRECTOR
(ADDRESS)5025 King Hill Ave.

20. FILED

Dec. 15, 1937 B. H. Tadlock
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

December 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Dec 2 1937, to Dec 14 1937I last saw her alive on Dec 14 1937 Death is saidto have occurred on the date stated above, at 5 P m.

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

Broncho-pneumoniaDate of onset
12-6-37

Other contributory causes of importance:

Myocardial degeneration

Name of operation

none

Date of

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)

C. S. Brant, M.D. M. D.(Address) 6207 King Hill Ave
St. Joseph, Mo.

(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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Earl A. Clark, Licensed Embalmer No. 3476
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl A. Clark
L. E.
No. 3476 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Earl A. Clark

Licensed Embalmer No. 3476

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