

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH
 87 County Polio Registration District No. 1725
 Township Centers Primary Registration District No. 4431
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Georgie Clyde Williams
 (a) Residence, No. _____ St. _____ Ward _____
 (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.

File No. 46433
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 1864
 7. AGE YEARS 73 MONTHS _____ DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) near Perry Mo
 MOTHER 13. NAME W H Myers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Mary E Biggers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT M P Myers
 (ADDRESS) Perry Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lick Creek DATE Dec 11 1937
 19. UNDERTAKER W H Couch
 (ADDRESS) Centers Mo
 20. FILED Dec 11 1937 J. T. Howard
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1937
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 2 1937, to Sept 2 1937
 I last saw her alive on Sept 2 1937. Death is said to have occurred on the date stated above, at 9-30am.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis (miliary) Unknown
Myocarditis
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? thy. exam 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. H. Brooke, M. D.
 (Address) Centers, 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.

