

REC'D JUN 8 1938

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

18045
Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 204
 (b) Township Shoal Primary Registration District No. 3013 Registered No. 24
 (c) City Cameron, Mo. (d) Street No. _____
 (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

Carrie I. Williams 453
 (a) Residence, No. West 4th. St. (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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF K. G. Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25th. 1885
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
53 - 21
 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) Caldwell County, Mo.

FATHER 13. NAME Chas Cole
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind Unknown

MOTHER 15. MAIDEN NAME Bell Aronholt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind Unknown

17. INFORMANT K. G. Williams (ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL Kidder Cem. PLACE Kidder, Mo. DATE May 18th. 1938

19. FUNERAL DIRECTOR O. A. Moore, (ADDRESS) Cameron, Mo.

20. FILED May 18th 1938 O. A. Moore Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932 to May 1, 1938
 I last saw her alive on May 16, 1938. Death is said to have occurred on the date stated above, at 11:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
apoplexy
95
 Date of onset 3/16/38
 Other contributory causes of importance:
Hypertension cardiac-vascular disease 1932

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) O. A. Moore M.D.

(Address) Cameron Mo. 185

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE EXACTLY HOW AND WHERE DEATH OCCURRED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

STATEMENT BY LICENSED EMBALMER

I, O. A. Moore Licensed Embalmer No. 1180

hereby certify that the body recorded on the reverse side of this certificate was embalmed by O. A. Moore,

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed O. A. Moore

Licensed Embalmer No. 1180

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