REC'D JUN 10 1938

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

19421
Do not use this space.

1. PLACE OF DEATH
(a) County St Francois
(b) Township St Francois
(c) City Leadington
Registration District No. 774
Primary Registration District No. 6018B
Registered No. 226
(d) Street No. 6018B 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gladys Nola Williams 452
(a) Residence, No. St.
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virgil Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10th 1910
7. AGE Years 27 Months 10 Days 16 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) 5-26-38
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Bellview Mo

FATHER
13. NAME Albert Hecker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Bellview Mo

MOTHER
15. MAIDEN NAME Stella Mae Hurt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Bellview Mo

17. INFORMANT Virgil Williams
(ADDRESS) Leadington Mo

18. BURIAL, CREMATION, OR REMOVAL O.O. Cemetery
DATE 5-28 ,19 38
Non Realize Mo

19. FUNERAL DIRECTOR (NAME) Caldwell Bros
(ADDRESS) Flat River Mo

20. FILED 6/2 ,1938 C B Harrar
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 ,1938

22. I HEREBY CERTIFY, That I attended deceased from May 26 ,1938, to May 26 ,1938
I last saw her alive on May 26 ,1938. Death is said to have occurred on the date stated above, at 6 10 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombocytopenic purpura	
14 wks	
Other contributory causes of importance:	
pyelitis of pregnancy	

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? 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 Spreckelmeyer, M. D.
(Address) Flat River Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.