

REC'D JUN 10 1938

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

19754

Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 854
(b) Township Duncan Primary Registration District No. 6121 Registered No. _____
(c) City Roger (d) Street No. _____ 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 40 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Carrie Nevada Williams H. O. 2
(a) Residence, No. Roger, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF W. Alonzo Williams (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1882

7. AGE YEARS 55 MONTHS 9 DAYS 27 If LESS than 1 day, hrs. _____ min. _____

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Sullivan Co., Missouri (STATE OR COUNTRY)13. NAME Anthony Smith14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)15. MAIDEN NAME Rebecca Smiley16. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)17. INFORMANT Mrs. Paul Glidewell (ADDRESS) Milan, Mo.18. BURIAL, CREMATION, OR REMOVAL Schrock Cem. DATE May 10, 193819. FUNERAL DIRECTOR (NAME) C. A. Schore (ADDRESS) Milan Mo.20. FILED June 7 38 C. Leo Hagan Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1935, to May 8, 1938
I last saw her alive on May 2, 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

Brain tumor

Date of onset

Other contributory causes of importance:

Name of operation _____ 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? NoIf so, specify _____ (Signed) J. S. Montgomery, M. D.787 (Address) Milan Mo.

55B

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, _____

Frank D. Schoene

or by _____

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

Signed *Frank D. Schoene*

Licensed Embalmer No. *2016*

P. O. Address *Milan, Ill.*

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.)

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

Vertical text on the right edge of the page, including "REGISTERED EMBALMER" and "STATE OF ILLINOIS".

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Sullivan Registration District No. 852-
Township Primary Registration District No. 6121
City

File No. 19754
Registered No. St. Ward)

2. FULL NAME

Carrie N. Williams
(a) Residence, No. Reger mo. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from, to, 19.....

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

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 9 27

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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.....

Basilar tumor
Probably malignant
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance: 53-

13. NAME

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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)

15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Manner of injury.....
Nature of injury.....

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... 19.....

(Signed) J. S. Montgomery, M. D.
Milroy mo
(Address)

19. UNDERTAKER (ADDRESS)

20. FILED..... 19..... Registrar.

SUPPLEMENTARY

REG. NO. ALL MUST RECEIVE A FEE FOR CERTIFICATE. EXACT STATEMENT OF OCCUPATION UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

ATTORNEY GENERAL
CONSTITUTIONAL DEPARTMENT
STATE OF CALIFORNIA

[The body of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a formal legal document, possibly a petition or a set of proposed regulations, given the header information.]