REC'D SEP 14 1938

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

28970
Do not use this space.

1. PLACE OF DEATH
(a) County Gundy — Registration District No. 328
(b) Township Trenton — Primary Registration District No. 3017 — Registered No.
(c) City Trenton — (d) Street No. Cullers Hospital, Trenton 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 MATTIE ELZAD 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: G. N. Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 30-1880
7. AGE: 57 YEARS — MONTHS: 9 — DAYS: 12 — 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton, Mo. 0

FATHER
13. NAME: John Willey 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

MOTHER
15. MAIDEN NAME: Mary Keith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): G. N. Williams, Trenton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Trenton Maple Grove DATE: 8-14, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Chas O Gipson, Trenton Mo.
20. FILED: 8-14, 1938 Trenton Fair
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to Aug 12, 1938
I last saw her alive on Aug 12, 1938 Death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:
Thrombosis of the Popliteal Artery & Gangrene of Foot & Leg — Date of onset: July 1938
Other contributory causes of importance: Mitral Regurgitation & Chronic Nephritis
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) E. J. Mason, M. D.
300 (Address) Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

X14028

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, C. M. Joiner, or by _____,

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

Signed C. M. Joiner

Licensed Embalmer No. 3453

P. O. Address Richmond Mo

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.