

1938 OCT 18

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 86

File No. 31789

Township Washington

Primary Registration District No. 5127

Registered No. 48

City

(No. Buchanan County Infirmary)

St. Ward

2. FULL NAME Mary Belle Williams

(a) Residence, No. Buchanan County Inf. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1884.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 53 11 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 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) Unknown Unknown

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Buchanan Co. Infirmary records Buchanan County, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Joseph, Mo. Sept. 9, 1938

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED Sept. 9, 1938 Myrtle M. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 5, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1938, to Sept. 5, 1938. I last saw her ex alive on _____, 19____. 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

Other contributory causes of importance: Arterio sclerosis

Name of operation none Date of _____ What test confirmed diagnosis? Aut. Post 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) James Thomas M. D.

(Address) 1301 No 28th

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.

STATEMENT BY LICENSED EMBALMER

I, Robert P. Clarkson, Licensed Embalmer No. 4028,

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by My-self

or by *****, Registered Apprentice No. ****

(Signed) Robert P. Clarkson
Licensed Embalmer No. 4028

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