

NOV 15 1938

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

38456
Do not use this space.

1. PLACE OF DEATH

(a) County Ferniscot Registration District No. 653
(b) Township Hayti Primary Registration District No. 5864
(c) City _____ (d) Street No. _____ Registered No. 118
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALICE CLARK WILLIAMS

(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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-10-1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 7 14

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. in home
10. Date deceased last worked at this occupation (month and year) 10-15-1938 11. Total time (years) spent in this occupation 2

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

FATHER 13. NAME George Clark

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

MOTHER 15. MAIDEN NAME Kettie Keltus

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

17. INFORMANT (ADDRESS) George Clark Hayti - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti DATE 10-25-1938

19. FUNERAL DIRECTOR (ADDRESS) Mr. J. Smith Hayti Mo

20. FILED 10-25-38 JWP:hds Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-24 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1938, to Oct 24 1938. I last saw her alive on Oct 7 1938. Death is said to have occurred on the date stated above, at 7:19 P. m.

The principal cause of death and related causes of importance were as follows:
Pneumonia T. B. not known
Date of onset 34

Other contributory causes of importance:
Late Pregnancy Secondary anemia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____ (Signed) Appliner, M. D.
571 (Address) Hayti, Mo.

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. WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD I X12004

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
.....
Licensed Embalmer No.....

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.)