

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

37101

Do not use this space.

1. PLACE OF DEATH

(a) County Vernon 1 Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162
 (c) City Nevada (d) Street No. State Hoop # 3 Registered No. 273
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 14 yrs. 8 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Annie Williams

(a) Residence, No. Greene Co., Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 9

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co., Missouri

FATHER 13. NAME Walbur Benson

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

MOTHER 15. MAIDEN NAME Elizabeth Wright

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

17. INFORMANT (ADDRESS) Records State Hoop # 3

18. BURIAL, CREMATION, OR REMOVAL PLACE New Dublin, Mo DATE Oct. 26, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cichinger Nevada, Mo

20. FILED 10/25, 1938 Allen V. Deays 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 July 8, 1938, to Oct. 24, 1938
 I last saw her alive on Oct 23, 1938. Death is said to have occurred on the date stated above, at 1 a.m.
 The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset Oct 17, '38

Other contributory causes of importance: 109

Name of operation none Date of _____
 What test confirmed diagnosis? Chm. & hab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) A. E. Miller, M. D.

(Address) State Hospital #3 Nevada, Mo

N.B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

RECEIVED

District Health Officer No. 7,

District File Number 7-38-313

Date Filed 11-3-38

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 comply with the above constitutes grounds for revocation of license.)

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

37101
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875-
(b) Township Washington Primary Registration District No. 6162 Registered No. 273
(c) City..... (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Archie Williams

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 1891

7. AGE YEARS MONTHS DAYS if LESS than 1 day: hrs. or min.
47 9

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

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 10-25, 1938 Allen V. Hays 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 19..... to..... 19.....

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

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

..... Date of onset

Other contributory causes of importance:

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) A. E. Miller, M. D.

(Address) State Hosp 3

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This not only helps in tracking expenses but also ensures compliance with tax regulations.

In the second section, the author outlines the various methods used to collect and analyze data. These include direct observation, interviews, and the use of specialized software tools. Each method has its own set of advantages and limitations, and the choice of which to use depends on the specific requirements of the study.

The third section provides a detailed overview of the data analysis process. It starts with the initial cleaning and organization of the raw data, followed by the application of statistical techniques to identify trends and patterns. The final step involves the interpretation of these results in the context of the research objectives.

Finally, the document concludes with a summary of the key findings and a list of recommendations for future research. It suggests that further exploration into the use of advanced data mining techniques could provide even more insights into the complex relationships between the variables being studied.