

JAN 20 1938

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

44161
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 682
(b) Township Salt River Primary Registration District No. 5801 Registered No. _____
(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

Marion Williams
(a) Residence, No. on farm Salt River St. near Ashburn Mo.
(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 Margaret Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 11 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Jan 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

FATHER 13. NAME George Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

MOTHER 15. MAIDEN NAME Nancy Messard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT (ADDRESS) Mrs Cecil Love
Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Taylor's Chapel DATE Dec 19 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W.F. Busa
Louisiana Mo

20. FILED 12/28 1938 Stephen Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1938, to Dec 18, 1938.

I last saw him alive on Nov 18, 1938. Death is said to have occurred on the date stated above, at 3 m.

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

Labor Pneumonia

Other contributory causes of importance: 108

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 Labor Pneumonia
Nature of injury Labor Pneumonia

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) _____, M. D.
(Address) 101

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

RECEIVED

District Health Officer No. 10

District File Number 10-28-965

Date Filed 1-9-39

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,

Harold Garner

or by

Registered Apprentice No., working under my personal supervision.

Signed

Harold Garner

Licensed Embalmer No.

3720

P. O. Address

Louisiana

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.