

JAN 18 1939

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

44590
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
 (b) Township Marshall Primary Registration District No. 3038
 (c) City Marshall (d) Street No. 78 W. Porter Registered No. 189
 (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

452 Mrs. Viola Mina Williams
 (a) Residence, No. Las Vegas, New Mexico 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 Frank P. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 1 10

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) Saline, County O

FATHER 13. NAME Charles Petry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bermany 6

MOTHER 15. MAIDEN NAME Ada M. Steele

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County O

17. INFORMANT (ADDRESS) Mrs. Charles Petry
Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem DATE Jan. 1, 1939

19. FUNERAL DIRECTOR (ADDRESS) J. J. Sussney
Marshall, Mo.

20. FILED 12-31-38 Mary Kent
Local Registrar. 712

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1936, to Dec 30, 1938

I last saw her alive on Dec 30, 1938. Death is said to have occurred on the date stated above, at 4 A.M.

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

Lobar Pneumonia

Date of onset Dec 29

Other contributory causes of importance:

Influenza
Streptococic Infection

Dec 25
1937

Name of operation none 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) Richard D. Nuckles M.D.

(Address) 2 1/2 S Jefferson, Marshall, 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.

