

DEC'D FEB 15 1939

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

2337

Do not use this space.

## 1. PLACE OF DEATH

(a) County GREENE Registration District No. 316  
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 73  
 (c) City SPRINGFIELD (d) Street No. 1150 W. Florida 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

MARTHA TRIBBLE WILLIAMS.  
 (a) Residence, No. 1150 W. FLORIDA 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) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16-1866

7. AGE YEARS 72 MONTHS 10 DAYS 6 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife  
 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) ..... 11. Total time (years) spent in this occupation 5

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky.

FATHER 13. NAME Zachariah Hardy  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warr Co Ky

MOTHER 15. MAIDEN NAME Sarah Jane Owen  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

## 17. INFORMANT (ADDRESS)

Mrs. J. W. Shockley  
Springfield, Mo.

## 18. BURIAL (CREMATION) OR REMOVAL PLACE

Warrick Co, Mo. DATE Jan 24, 1939

## 19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Warrick & Co.  
Springfield, Mo.

## 20. FILED

Jan 23, 1939 Chas. A. Georgette  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 193922. I HEREBY CERTIFY, That I attended deceased from 11-1-38, to 1-22-, 1939I last saw her alive on Jan 21, 1939 Death is said to have occurred on the date stated above, at 1:40 P. m.

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

Cerebral Cholecystitis Date of onset(with jaundice) 9 mo.12/12 yearsOther contributory causes of importance: 10 yrs. FebrileName of operation none Date of \_\_\_\_\_What test confirmed diagnosis Cholera 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 noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify \_\_\_\_\_ (Signed) J. Freeman, M. D.(Address) Springfield Mo

**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.....

*J. B. Klingner*

Licensed Embalmer No. 3358

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.**