

REC'D FEB 23 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH2418  
Do not use this space.

## 1. PLACE OF DEATH

(a) County HarriasonRegistration District No. 339

(b) Township

Primary Registration District No. 4202Registered No. 3(c) City Mt. Moriah, Mo.(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

(a) Residence, No. 459 Mirra Ann Williams  
Mt. Moriah 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFCaleb Williams

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

9/23/1856

7. AGE

YEARS  
82MONTHS  
3DAYS  
27If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.Housewife9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Virginia

FATHER

13. NAME V Jacobi Criger14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Virginia

MOTHER

15. MAIDEN NAME Margaret Alder16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Virginia

17. INFORMANT

(ADDRESS) Mt. Moriah, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hamilton

DATE

1/22/39

19. FUNERAL DIRECTOR

(ADDRESS)

W. Chambers  
Mt. Moriah Mo

20. FILED

1/221939Mrs. C. J. Bellus  
Local Registrar

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20/193922. I HEREBY CERTIFY, That I attended deceased from  
Jan 20, 1939, to Jan 20, 1939I last saw him alive on Jan 20, 1939. Death is said  
to have occurred on the date stated above, at 2 a m.

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

Apoplexy -  
Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: g 2 m

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Notest. 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) C. J. Bellus, M. D.(Address) Mt. Moriah 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.

Y-121204

---

---

**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.)**