

REC'D FEB 27 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Scotland*Registration District No. *810*Township *Jefferson*Primary Registration District No. *4488*City *Illies*

(No.)

St.

Ward)

2. FULL NAME *Ida Alice McWilliam*

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

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 OR

Tom McWilliam

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

Aug 3 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than day, hrs. or min.

*74**4**22*

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, 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)

Scotland County, Mo

MOTHER FATHER

13. NAME

Morton Gore

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

Ohio

15. MAIDEN NAME

Evelin Weir

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

not known

17. INFORMANT (ADDRESS)

Mrs Hugh Miller Memphis, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Plum Hill

DATE

12/28/38

19. UNDERTAKER (ADDRESS)

Old Pay Co & Sons Memphis, Mo

20. FILED

*1-17-38**G. E. Parrish Registrar*

MEDICAL CERTIFICATE OF DEATH

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

Dec 25 1938

I HEREBY CERTIFY That I attended deceased from

*Jan 10 1930, to Dec 25 1938*I last saw her alive on *Dec 25 1938* Death is saidto have occurred on the date stated above, at *4:30 p.m.*

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation

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?

If so, specify

(Signed) *A. W. Keather* M. D.Address *Memphis, Mo.**725*

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-209

Date Filed FEB 9 1939