

REC'D FEB 7 1938

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

Do not use this space.

1. PLACE OF DEATH

County Dickson  
Township East  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 836  
Primary Registration District No. 6100

File No. 4096  
Registered No. 84  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

452 Vernie Lee Williams

(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 ♀ 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 38

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L  
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) Dickson Co Mo. 0

MOTHER 13. NAME Jerome Williams 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss 1

15. MAIDEN NAME Fannie Campbell

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

17. INFORMANT (ADDRESS) Jerome Williams

18. BURIAL, CREMATION, OR REMOVAL PLACE Tama DATE 17/19 1938

19. UNDERTAKER (ADDRESS) none

20. FILED 1-30 1-30 1938 Laura Hopkins Registrar. 893 (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 16 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Had no physician  
Cause of death  
Intoxication

Other contributory causes of importance: 20012

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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every member of the profession should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

4096  
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard  
(b) Township etc  
(c) City.....  
(e) Length of residence in city or town where death occurred

Registration District No. 836  
Primary Registration District No. 6100

Registered No. 84

(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Vernie Lee Williams

(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8 (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19.....

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

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

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

Had no physician  
Cause of Death unknown  
Date of onset

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

Other contributory causes of importance:

FATHER 13. NAME

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury.....  
Nature of injury.....

PLACE..... DATE..... 19.....

24. Was disease or injury in any way related to occupation of deceased?.....

19. FUNERAL DIRECTOR (ADDRESS)

If so, specify.....  
(Signed) Laura Hopkins L.C., M.D.  
(Address) Berlin mo

20. FILED 1-30, 1939 Laura Hopkins Local Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state exactly appeared. AGE should be stated EXACTLY. PHYSICIANS should state

