

APR 25 1939

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

12018
Do not use this space.

1. PLACE OF DEATH
 (a) County Randolph 2 Registration District No. 7325
 (b) Township 1 Primary Registration District No. 3034
 (c) City Moberly (d) Street No. 700 W. Rollins 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.
 45.9
 2. PRINT FULL NAME Margaret R. Williams
 (a) Residence, No. 700 W. Rollins 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. M. Williams</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 5th 1849</u>				
7. AGE	YEARS <u>90</u>	MONTHS <u>-</u>	DAYS <u>-</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>			
	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) <u>Mo.</u>				
FATHER	13. NAME <u>Gabriel Williams</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Lubnah Campbell</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
17. INFORMANT (ADDRESS) <u>J. A. Williams Moberly Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moberly Mo.</u> DATE <u>March 7th 1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Mahan and Son Moberly</u>				
20. FILED <u>Mar 7 1939</u> <u>Leah Williams</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>March 5th 1939</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 26th 1939</u> to <u>March 5th 1939</u> I last saw her alive on <u>March 5th 1939</u> . Death is said to have occurred on the date stated above, at <u>3⁰⁰ a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Bronchial Pneumonia Feb 23</u> Date of onset <u>Feb 23</u>	
Other contributory causes of importance: <u>1074</u>	
Name of operation	Date of
What test confirmed diagnosis <u>Urinalysis</u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>1939</u> Where did injury occur? <u>✓</u> (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? <u>No</u> If so, specify <u>✓</u> (Signed) <u>M. G. Stark D.O.</u> M.D. (Address) <u>Moberly Mo.</u>	

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

5014-1-3-38 I X14623

RECEIVED

District Health Officer No. 10

District File Number 10-39-710

Date Filed APR 17 1939

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 Frank L. D. Witt

Licensed Embalmer No. 3021

P. O. Address Mobily, Mo

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.