

1939 JUL 14 1939

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

21713
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 109
(b) Township Callaway Primary Registration District No. 5/5-9
(c) City New Bloomfield (d) Street No. _____

Registered No. 670

(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

Mary Alice Williams

(a) Residence, No. New Bloomfield Mo. St. (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 Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1873

7. AGE YEARS 65 MONTHS 11 DAYS 21 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Missouri

FATHER 13. NAME Richard Bledsoe

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

MOTHER 15. MAIDEN NAME American Bittel

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

17. INFORMANT (ADDRESS) Mrs. Weibold
New Bloomfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem. Jeff. City DATE 7/9/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Funerary Bureau
Jefferson City Mo.

20. FILED July 10 1939 Chas. Rush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to July 7, 1939. I last saw him alive on July 7, 1939. Death is said to have occurred on the date stated above, at 12:03 p.m.
The principal cause of death and related causes of importance were as follows:

Gastric Ulcer

Date of onset

Not known

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Amid 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) Chas. Rush, M. D.

(Address) New Bloomfield 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.

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,

D. M. Davis

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

D. M. Davis

Licensed Embalmer No.....

3741

P. O. Address.....

Jefferson City 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.