

REC'D AUG 11 1939

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

26382
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 409
(b) Township West Center Primary Registration District No. 5809
(c) City _____ (d) Street No. _____ St.
(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. _____ St. (If nonresident, give city or town and State)
452 Mary E. Williams

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry A. Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 22, 1871
7. AGE YEARS 67 MONTHS 9 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
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) McDonald County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Michael B. Keleher 5

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland 1

MOTHER 15. MAIDEN NAME Sarah Colston

16. BIRTHPLACE (CITY OR TOWN) Holly Springs (STATE OR COUNTRY) Mississippi

17. INFORMANT William Williams (ADDRESS) Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bluffs Cem. DATE 7-30 1939

19. FUNERAL DIRECTOR (NAME) Baby Thompson (ADDRESS) Neosho Mo

20. FILED 7-29 1939 Mal A. Salem (Address) Neosho Mo
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939, to July 29, 1939
I last saw her alive on July 5, 1939. Death is said to have occurred on the date stated above, at 11:20 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis and Myocarditis
Date of onset _____

Other contributory causes of importance: 121

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? no
If so, specify _____
(Signed) J. Reynolds, M. D.
(Address) Neosho 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, or by.....

Gail R. Gay

....., Registered Apprentice No. *189*

working under my personal supervision.

Signed *Lesley Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Neosho Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.