

1937 AUG 7 1937

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

27122

Do not use this space.

1. PLACE OF DEATH *10*  
(a) County Vernon Registration District No. 875  
(b) Township Washington Primary Registration District No. 6162 Registered No. 173  
(c) City Naranda (d) Street No. State Hosp. # 3 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 0 yrs. 2 mos. 16 ds. (f) How long in U. S., if of foreign birth yrs. mos. da.

2. PRINT FULL NAME Elith R. Williams  
(a) Residence, No. Carthage Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 59 DK DK

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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) Macoupin Ill

FATHER 13. NAME Issac Williams  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Martha Jane  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT Resp. Records  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Carl Junction Cem. DATE 7-15-39 19.

19. FUNERAL DIRECTOR (NAME) Ulmer  
(ADDRESS) Carthage Mo

20. FILED 7-17 19 Alfred E. Kays  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1939

22. I HEREBY CERTIFY That I attended deceased from April 26, 1939, to July 12, 1939.  
I last saw him alive on July 12, 1939. Death is said to have occurred on the date stated above, at 11:35 p.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral aneurysm  
Hypertension 121  
Other contributory causes of importance:  
Chr. nephritis  
Generalized 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  
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) Wm. J. Greener M. D.  
(Address) Paducah Mo  
795

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. 7,

District File Number 7-39-112

Date Filed 8-3-39

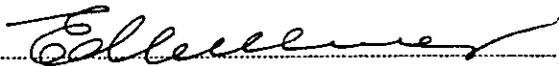
**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 2222

P. O. Address Partridge

**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.**