

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36683

Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566
 (b) Township Lymapppity Primary Registration District No. 3030
 (c) City Charleston (d) Street No. 4 (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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 102

2. PRINT FULL NAME

Elizebeth Williams 4571
 (a) Residence, No. 601 W Pecan, Charleston, 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22, 1878

7. AGE YEARS 60 MONTHS 5 DAYS 4 If LESS than 1 day, hrs. or min.

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. House Wife
 10. Date deceased last worked at this occupation (month and year) Sept 1, 1939
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carol County Mississipp

13. NAME Henry Harbin

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

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Charles H. Williams
601 W Pecan, Charleston, Mo

18. BURIAL, CREMATION, OR REMOVAL Charleston, Mo
PLACE Oak Grove Cem DATE 9/28 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lair-Nunnelee
Charleston, Mo

20. FILED 10-2- 19 39 J. J. Vernon Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/26/1939 19

22. I HEREBY CERTIFY, That I attended deceased from 9-24- 1939 to 9-26- 1939
 I last saw her alive on 9-25- 1939 at 10:15a. Death is said to have occurred on the date stated above, at 10:15a.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
15 hr
Cardio-Renal Hypertension
 Date of onset

Other contributory causes of importance: Cardio-Renal Hypertension

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) W. A. Gural M. D.
311 S. Elm St Charleston Mo.
745 (Address)

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.

RECEIVED

District Health Officer No. 2,

District File Number 1139305

Date Filed 11-1

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 John F. Nunlee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston W

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.