

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

Do not use this space.

37429

1. PLACE OF DEATH

106 County Taney 2
Township Sugar
City Warrenton Mo (No. 1)

Registration District No. 861
Primary Registration District No. 6132

File No. _____
Registered No. 25
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-16-1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>77.</u>	<u>7.</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wif.
10. Date deceased last worked at this occupation (month and year) Jan 1 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patherson

13. NAME John C. Williams

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

15. MAIDEN NAME Lousia Hale.

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

17. INFORMANT Lillie Clark
(ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Williams DATE 9-28

19. UNDERTAKER O. B. McClure
(ADDRESS) Springfield Mo

20. FILED Nov. 9, 1939 Jane Brown Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1939, to Sept 27, 1939
I last saw her alive on Sept 19, 1939. Death is said to have occurred on the date stated above, at 6. P. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset Sept 2-39

Other contributory causes of importance: 107 W

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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) R. R. Farthing, M. D.

(Address) Opark Mt

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. 6,

District File Number 439-2352

Date Filed NOV 13 1939