

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.

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

37430
Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 863

(b) Township Wiley Primary Registration District No. 4532 Registered No. 32

(c) City Houston, Mo. (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. da.

2. PRINT FULL NAME 452 Katy Williams

(a) Residence, No. Plato, Mo. St. (Usual place of abode, if no street address, write county or city) (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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/17/1880

7. AGE YEARS 59 MONTHS 8 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Plato, Mo.

FATHER 13. NAME Malley Thomas

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

MOTHER 15. MAIDEN NAME Mary Ellis

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

17. INFORMANT James H. Williams (ADDRESS) Plato, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Central DATE 10/11/1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gaylord Elliott Houston, Mo.

20. FILED 11/7 1939 Mabel Plunkett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/8/1939

22. I HEREBY CERTIFY, That I attended deceased from SEPT. 2 1939 to OCT. 8 1939

I last saw h. ER alive on OCT. 1 1939. Death is said to have occurred on the date stated above, at 12:20 p.m.

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

CHRONIC ANEMIA
DUE TO HEMORRHAGE
FROM SARCOMA OF
T.H.I.G.H. (ROUND CELL TYPE)

Date of onset _____

Other contributory causes of importance: 52

Name of operation _____ Date of _____

What test confirmed diagnosis? BIOPSY Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1939

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? _____

If so, specify _____ (Signed) E. M. Bellina M. D.

(Address) Houston, Tex.

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.

District Health Officer No. 5,

Signed.....

District File Number 1139-403

Licensed Embalmer No.....

Date Filed 11939

P. O. Address.....

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.