

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

39916  
 Do not use this space.

DEC 15 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411

(b) Township Galena Primary Registration District No. 2007 Registered No. \_\_\_\_\_

(c) City Joplin (d) Street No. Freeman Hospital (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Helen Williams

(a) Residence, No. 106 Jackson 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 Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
44      9      6

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

9. Industry or business in which work was done, as saw mill, bank, etc. Empire District

10. Date deceased last worked at this occupation (month and year) 11-9-39 H. Total time (years) spent in this occupation. 10 -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mound City, Mo.

FATHER 13. NAME Edwin F. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Menard Co. Ill.

MOTHER 15. MAIDEN NAME Mary Helen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Auburn Ill.

17. INFORMANT (ADDRESS) Mrs. Mary Williams  
106 Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE Chetopa, Kans. DATE 11-14-39

19. FUNERAL DIRECTOR (ADDRESS) Thomhill-Dillon  
Joplin Mo.

20. FILED 11-13 1939 Ed. E. James Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1939, to Nov 12, 1939.

I last saw her alive on Nov 11, 1939. Death is said to have occurred on the date stated above, at 6:30 AM.

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

Coronary Thrombosis Date of onset 12/2/39

Other contributory causes of importance: Chc. Myocarditis 1934

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Lab. & Clin. 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 \_\_\_\_\_, 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) Edwin H. Black \_\_\_\_\_, M. D.

37 (Address) Fresco Poldy  
Joplin 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.

RECEIVED

District Health Officer, No. 6,

District File Number 1239-2486

Date Filed DEC 7 1939

STATEMENT BY LICENSED EMBALMER

I, David Dillon, Licensed Embalmer No. 3898

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed David Dillon

Licensed Embalmer No. 3898

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.)