

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

Do not use this space.

5277

FILED MAR 11 1940

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 502
 Township Haw Primary Registration District No. 1002 Registered No. 502
 City H. C. Ma (No. 1876 Woodland St. Ward)

2. FULL NAME

Flordia Williams (Flordia Williams)

(a) Residence, No. 1816 Woodland 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 <u>Female</u>	4. COLOR OR RACE <u>Cold</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George</u> <u>wife</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>36</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laundri</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year) <u>Mar 26 - 39</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
13. NAME <u>Jacob Hammond</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scarlina</u>		
15. MAIDEN NAME <u>Cariline Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scarlina</u>		
17. INFORMANT <u>Seares Williams</u> (ADDRESS) <u>1816 Woodland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Stone Lawn</u> DATE <u>Feb 2</u> 19 <u>40</u>		
19. UNDERTAKER <u>W. M. Crow</u> (ADDRESS) <u>1708 Tracy</u>		
20. FILED <u>Feb. 2, 1940</u> <u>W. M. Crow</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1940 to Jan 28 1940
 I last saw h. alive on Jan 25 1940 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation Date of onset

 Other contributory causes of importance: Pneumococci Bronch

Name of operation None 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? No 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?
 If so, specify
 (Address) 2125 24th Ave, M. D.

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.

