

FILED MAY 9 1940

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

15333

Do not use this space.

**1. PLACE OF DEATH**

(a) County Lawrence Registration District No. 470  
 (b) Township 170 Primary Registration District No. 5633 Registered No. 39  
 (c) City Mt. Vernon (d) Street No. Missouri State Sanatorium St.  
 (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 yrs 4 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Hattie Williams

(a) Residence, No. Kennett, Mo. Rural # 1 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** Black **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Caleb Williams

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Nov. 1, 1910

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 29 5 15

**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)** 1939 **11. Total time (years) spent in this occupation**

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Clarksdale Arkansas

**FATHER**  
**13. NAME** Robert Thompson

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

**MOTHER**  
**15. MAIDEN NAME** DARTHULAR JOHNSON

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Helena Arkansas

**17. INFORMANT** E. McMichael, Record Clerk  
 (ADDRESS) Missouri State Sanatorium

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Kennett, MO DATE April 17, 1940

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Forrest Funeral Home  
Mt. Vernon, Mo.

**20. FILED** April 15, 1940 P. A. HOLMES  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** April 15, 1940

**22. I HEREBY CERTIFY**, That I attended deceased from Dec. 13, 1939 to April 15, 1940

I last saw her alive on April 15, 1940. Death is said to have occurred on the date stated above, at 11:50 P. M.

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

Pulmonary tuberculosis

Date of onset  
 1938

Other contributory causes of importance:

Tuberculosis laryngitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray 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?**

If so, specify \_\_\_\_\_

(Signed) Maurice L. Jones, M. D.

(Address) Mt. Vernon, Mo.

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.

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RECEIVED

District Health Officer No. 6,

District File No. 540-1245

Date Filed MAY 7 1940

SEP 9 1948

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 *Mrs H. D. Fossett*

Licensed Embalmer No. 2720

P. O. Address Mt. Vernon, Mo.

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.