

FILED NOV 6 1942

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 County Pulaski Registration District No. 290
 Township Tavern Primary Registration District No. 5786
 City Crocker (No. 1) St. 0 Ward 0

34578

File No. 106Registered No. 1062. FULL NAME Margaret Rebecca Williams(a) Residence, No. 0 St. 0 Ward 0

(Usual place of abode)

Length of residence in city or town where death occurred 50 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 4 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

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) Jefferson Co. Mo.

13. NAME DeLafayette Ogle

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

15. MAIDEN NAME Elizabeth Stroup

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

17. INFORMANT Clifford Williams
 (ADDRESS) Crocker, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crocker, Mo. DATE 9/25/42

19. UNDERTAKER J. L. HOOPS & SONS.
 (ADDRESS) Crocker, Mo.

20. FILED 10-16-1942 19 10-16-1942 Registrar 10-16-1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1942

22. I HEREBY CERTIFY, That I attended deceased from April -, 1942, to Sept 23, 1942.

I last saw her alive on Sept 23, 1942. Death is said

to have occurred on the date stated above, at 4:15 pm.

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

Cerebral Hemorrhage Date of onset 9-16-42

Other contributory causes of importance:

Hypertension, Essential
Sensitivity

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ 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? ✓

If so, specify ✓

(Signed) John A. Mahalovich, M.D.

(Address) Crocker, 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.

RECEIVED

Pulaski County Health Officer

File Number 11-42-197

Date Filed 11-5-42