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

Do not use this space.

21222

FILED JUN 20 1944

1. PLACE OF DEATH
County BUTLER
Township POPLAR BLUFF
City POPLAR BLUFF (No. 13 St. Ward)

Registration District No. 43
Primary Registration District No. 3007

File No.
Registered No. 181

2. FULL NAME JANEY WILLIAMS

(a) Residence, No. VELMA ST St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF NAYLOR WILLIAMS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 1 - 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	46	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, 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) SHARON PA.

FATHER
13. NAME THOMAS JEFFERY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DAYTON OHIO

MOTHER
15. MAIDEN NAME SENNA STANLEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TOLEDO OHIO

17. INFORMANT Naylor Williams
(ADDRESS) Route Caplan Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE WOODLAWN CEM DATE MAY 27 1944

19. UNDERTAKER N.T. Phelps
(ADDRESS) Caplan Bluff mo

20. FILED 5/25/44 19 Belle Kinne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 22 1944

22. I HEREBY CERTIFY, That I attended deceased from May 22 1944, to May 22 1944
I last saw h[illegible] alive on May 22 1944 Death is said to have occurred on the date stated above, at 8:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 18

Other contributory causes of importance:

108

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) Alfred R Cook M. D.
(Address) Poplar Bluff Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Office No. 2,
District File Number 644-868
Date Filed 6-14-44