

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

Do not use this space.

40381

1. PLACE OF DEATH

County Dwight
Township Rockyford
City Rockyford (No. _____)

Registration District No. 74
Primary Registration District No. 5113

File No. _____
Registered No. 22
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 5 ds. How long in U. S., if of foreign birth? 7 yrs. 7 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Albert Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 26 - 1851</u>		
7. AGE <u>85</u> YEARS <u>7</u> MONTHS <u>11</u> DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Housekeeper</u>		
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) <u>Bedford Indiana</u>		
13. NAME <u>Harvey McBride</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
15. MAIDEN NAME <u>Amanda Mayfield</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
17. INFORMANT (ADDRESS) <u>Mrs. O. B. Ramsey</u> <u>Hartsville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Point</u> DATE <u>11-8-</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Shoemaker</u> <u>Hartsville Mo.</u>		
20. FILED <u>11-8-</u> 19 <u>36</u> <u>Mrs. F. L. Fawcett</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1925, to Oct 28 1936

I last saw her alive on Oct 28 1936 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:
Largely from
about July 26-

Date of onset _____

Other contributory causes of importance:
From 22 years old age

Name of operation _____ Date of _____

What test confirmed diagnosis? 7am 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 ✓ 1936
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) W. H. Shoemaker M. D.
(Address) Sturgeon 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.

