

MAY 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

16075
41

1. PLACE OF DEATH

24 County Clay
 3 Township Liberty
 4 City Liberty (No. 5280)

Registration District No. 2018017
 Primary Registration District No. 5280

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

2. FULL NAME

(a) Residence, No. Angeline Williams St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 85 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS (OR) WIFE OF Walter Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown - 1851
 7. AGE YEARS 85 MONTHS unknown DAYS unknown If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. other & recy.
 10. Date deceased last worked at this occupation (month and year) 6 yrs. Clay Co. Mo. 11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

MOTHER FATHER

13. NAME Thos. Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 15. MAIDEN NAME Clara Tucker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Jas. Williams18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE 4/11/3719. UNDERTAKER (ADDRESS) Church - Church Co20. FILED 4/11 19 7 E T Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 193722. I HEREBY CERTIFY, That I attended deceased from April 1, 1937, to April 10, 1937

I last saw him alive on April 8, 1937 Death is said to have occurred on the date stated above, at 8:30 m.
 The principal cause of death and related causes of importance were as follows:

Paul Tetens disease

Date of onset

Other contributory causes of importance:

Gangrene of foot

Name of operation _____ 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? _____ 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) W. H. Goodson, M. D.
 (Address) Liberty Mo.

