

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

Do not use this space.

9369

1. PLACE OF DEATH

County Douglas
Township Walls
City (No.)

Registration District No. 1071

Primary Registration District No. 3398

File No. 2

Registered No. 2

2. FULL NAME Violet K. Williams

(a) Residence, No. Near Gardner, Mo. St. Ward.

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
19 11 18

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. Her Home ²³⁵
10. Date deceased last worked at this occupation (month and year) Mar 6, 1931 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

FATHER 13. NAME Warder Knight

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

MOTHER 15. MAIDEN NAME Maud Knight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT Geo. S. Williams (husband)
(ADDRESS) Gardner, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gardner, Mo. DATE Mar 10, 1931

19. UNDERTAKER Neighbors
(ADDRESS) Gardner, Mo.

20. FILED 3/9 1931 E. S. Warden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

Periperal convulsions.
Died without medical attendant.
This certificate made from statement of Geo. S. Williams, husband of deceased.

Date of onset 3/8/31

Other contributory causes of importance:
Periperal hemorrhage

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? No.
If so, specify.....

(Signed) E. S. Warden, L.R. M.D.
(Address) Gardner, 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.

APR 21 1931

24