

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.

JUL 24 1931

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

Do not use this space.

13711 a

13711-a

1. PLACE OF DEATH

County... Union Registration District No. 388
Township... Union Primary Registration District No. 4172
City... Kennett Mo (No.) St. Ward)

File No.
Registered No.

2. FULL NAME Thelma D Williams

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 9 - 1930</u>		
7. AGE	YEARS	MONTHS
		<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Chas Williams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Mary Cassin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Charles Williams</u> (ADDRESS) <u>Kennett Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>McLellan</u> DATE <u>4-10-31</u>		
19. UNDERTAKER <u>Wm. H. Co</u> (ADDRESS) <u>Kennett Mo</u>		
20. FILED <u>6/23/31</u> <u>Walter Davis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-1931

22. I HEREBY CERTIFY, That I attended deceased from 4-9-1931 to 4-9-1931, 1931.
I last saw her alive on 4-9-31, 19... 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:
Inlet - cancer

Date of onset 4-4-31

Other contributory causes of importance:

Name of operation 8 Date of 10
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? no
If so, specify.....
(Signed) W. H. Brunsell M. D.
(Address) Kennett Mo

