

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph, (No. 2733)

Registration District No. 85
Primary Registration District No. 1001
Seneca

File No. 22017
Registered No. 678
St. _____ Ward _____

2. FULL NAME Rachael L. Williams,

(a) Residence, No. 2733 Seneca 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>Widowed,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles G. Williams,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15, 1866</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>2</u>
	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home, 235</u>	
	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>Des Moines, Iowa, 2</u>		
MOTHER	13. NAME <u>Unknown,</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, 31</u>	
	15. MAIDEN NAME <u>Unknown,</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown,</u>	
17. INFORMANT <u>Mrs. L. Neal Castle</u> (ADDRESS) <u>2733 Seneca Street,</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Mora Cem</u> DATE <u>July 14, 1932</u>		
19. UNDERTAKER <u>Theaton - Bell & Bowman</u> (ADDRESS) <u>319 S. 10th St. Seneca Home</u>		
20. FILED <u>JUL 14 1932</u> <u>John K. Bender</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

17

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1932 to July 12, 1932
I first saw her alive on July 12, 1932 Death is said to have occurred on the date stated above, at 10:55 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis in second stage
Bronchial pneumonia 2 weeks
Other contributory causes of importance:
Hypertension of 20 years

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) W. P. Brough M. D.
(Address) Seneca, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

AUG 29 1932

ST. JOHN'S

LONG HALL ROOM JULY 14, 1969

STATE SECURITY SERVICE

MEMORANDUM

TO: DIRECTOR

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

NY 100-100000

NY 100-100000

CC: [Illegible]

DATE: JULY 14, 1969

CLASSIFICATION: [Illegible]

APPROVED: [Illegible]

FOR THE DIRECTOR: [Illegible]

BY: [Illegible]

Special Agent

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