

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

Do not use this space.

20725

1. PLACE OF DEATH

County Platte Registration District No. 696
Township Barlow Primary Registration District No. 4418
City Platte City (No. St. Ward)

File No.
Registered No. 21 St. Ward)

2. FULL NAME

Mary Lee 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 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 H. C. C. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 15, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 5 2

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.

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) Platte Co. Mo.

13. NAME E. P. Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Ann Elgin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) H. C. C. Williams
Platte City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City, Mo. DATE 6-18 1933

19. UNDERTAKER (ADDRESS) J. T. P. Collins
Platte City, Mo.

20. FILED July 12 1933 May B. Knight
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1933

22. I HEREBY CERTIFY That I attended deceased from March 15, 1933, to June 17, 1933

I last saw her alive on June 17, 1933 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of
Left & Right Lungs

Date of onset
March 1, 1931

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Autopsy 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) Chas. F. Prohaska M. D.

(Address) Platte City

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.

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

JUL 23 1933

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