MAY 25 1934

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

Do not use this space.

15570

1. PLACE OF DEATH
County Wright
Township Hart
City Hartville (No. ..... , ... St. ..... Ward)

Registration District No. 906
Primary Registration District No. 4547

File No. .....
Registered No. 15

2. FULL NAME Cathaleen Williams
(a) Residence, No. Hartville St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 7 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): baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 - 1932
7. AGE: YEARS 1 | MONTHS 7 | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Hartville

FATHER
13. NAME Howard Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartville, Mo.

MOTHER
15. MAIDEN NAME Myrtle Hartley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ava, Mo.

17. INFORMANT (ADDRESS) Jo Hartley Hartville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hartville DATE April 17, 1934

19. UNDERTAKER (ADDRESS) Mrs Gene Holdren

20. FILED May 5, 1934 Carlyn E Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 16th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14th 1934 to Apr. 16th, 1934
I last saw her alive on Apr. 16th 1934. Death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fevre Burns	
181	
1869	
108	
181	
Other contributory causes of importance:	19
Pneumonia	
Fever	

Name of operation — Date of —
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 Fell in bar hot water
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) W H Murrell, M. D.
(Address) Hartville Mo

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.

V.S. No. 2