

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

Do not use this space.

FEB 19 1936

1118

1. PLACE OF DEATH

County Iron
 Township Arcadia
 City Arcadia (No. _____)

Registration District No. 391
 Primary Registration District No. 5546a

File No. _____
 Registered No. 4 St. _____ Ward _____

2. FULL NAME Dorothy Elizabeth Williams

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (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) ###

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HARRISON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 10 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Arcadia Mo. (STATE OR COUNTRY)

FATHER 13. NAME L. H. Williams

14. BIRTHPLACE (CITY OR TOWN) Oregon Co. (STATE OR COUNTRY) MO.

MOTHER 15. MAIDEN NAME Bertha Snelson

16. BIRTHPLACE (CITY OR TOWN) Shannon Co. (STATE OR COUNTRY) MO.

17. INFORMANT L. D. Williams (ADDRESS) Arcadia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arcadia Mo. DATE Jan. 16 1936

19. UNDERTAKER Cove Cem. White & Son (ADDRESS) Ironton Mo.

20. FILED Jan 17 1936 RA Ranch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1936 to January 15, 1936

I last saw her alive on January 14, 1936 Death is said to have occurred on the date stated above, at 6.30A m.

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

Bronchial Pneumonia

Date of onset 1/14/36

Other contributory causes of importance:

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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____ (Signed) L. P. Nelson, M. D.
 (Address) Ironton Mo.

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1. PLACE OF DEATH

County Howe Registration District No. 391 File No. _____
 Township Arcadia Primary Registration District No. 5546A Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Dorothy Elizabeth Williams

(a) Residence, No. _____ St. _____ Ward _____ (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 27

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)

FATHER
 13. NAME _____

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

MOTHER
 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 3/16 1936 R. Pasch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1936

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

I last saw _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Bronchial Pneumonia

Date of onset _____

Other contributory causes of importance: None

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 _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) H. G. Anson M. D.
 (Address) Frontier Mo.

SUPPLEMENTAL

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