

JUL 16 1936

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

Do not use this space.

22104

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St. Joseph Primary Registered District No. 1001 File No. 675
City St. Joseph (No. Isolation Hospital) St. 675 Ward

2. FULL NAME

E. Maline S. Williams
(a) Residence, No. 701 Powell St., 4 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

5A. ~~TRAINED, WIDOWED, OR DIVORCED~~
~~HUSBAND OF~~ John W. Williams
~~(OR) WIFE OF~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 76 yrs old

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) Paterson

13. NAME unknown Alderman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Sarah unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Noah Williams
(ADDRESS) St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem DATE July 2 36

19. UNDERTAKER Blaine Fernald Home
(ADDRESS) St Joseph Mo

20. FILED July 1 1936 W. H. Tuttle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20 1936 to June 29 1936

I last saw her alive on June 29 1936 Death is said to have occurred on the date stated above, at 4 a. m.

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

Tuberculosis (Pneumonia)

Date of onset

?

Other contributory causes of importance Pneumonia, Diabetes

Name of operation Cholecystectomy Date of Mo

What test confirmed diagnosis Chemical exam 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) J. H. Williams, M. D.

(Address) St Joseph 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.

