

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

Do not use this space.

SEP 16 1936

29726

1. PLACE OF DEATH

County Adair Registration District No. 4 File No. _____
Township _____ Primary Registration District No. 3001 Registered No. 187
City Kirksville (No. _____) St. _____ Ward _____

2. FULL NAME

Matha May Williams
(a) Residence, No. La Harpe St 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 4 - 1935</u>		
7. AGE	YEARS <u>—</u>	MONTHS <u>8</u>
	DAYS <u>7</u>	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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1936, to Aug 11, 1936
I last saw him alive on Aug 11, 1936 Death is said to have occurred on the date stated above, at 2:20 p.m.
The principal cause of death and related causes of importance were as follows:

Cholera Infantum July 23 '36
acute diarrhea and Enteritis

11932

Other contributory causes of importance:
General debility and
time dehydration

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kirksville Mo.</u>
	13. NAME <u>George Williams</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co Mo.</u>
	15. MAIDEN NAME <u>Grace Mitchell</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co Mo.</u>
	17. INFORMANT (ADDRESS) <u>George Williams</u> <u>Kirksville</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Park Cem. Aug 12 '36</u>
	19. UNDERTAKER (ADDRESS) <u>Dee P. Day Funeral Home</u> <u>Kirksville Mo.</u>
	20. FILED <u>Aug 11 1936</u> <u>Spencer McClinton</u> Registrar

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?
If so, specify _____
(Signed) J. P. Caon Mo.
(Address) Kirksville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 AT LEAST ONE OF THE INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE

