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

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.

OCT 23 1936

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

Do not use this space.

35045

1. PLACE OF DEATH
County MONROE — Registration District No. 582 — File No.
Township JACKSON — Primary Registration District No. 5779 — Registered No. 58
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME RHODA ANN WILLIAMS

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 6 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 Wm H. WILLIAMS,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 7, 1858

7. AGE — YEARS 77 — MONTHS 11 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
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) HICKORY CO. MO.

FATHER
13. NAME RICHARD FLETCHER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY.

MOTHER
15. MAIDEN NAME LEVINA ARNETT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY.

17. INFORMANT (ADDRESS) Wm H. Williams Paris, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE WALNUT GROVE DATE SEPT. 26, 1936

19. UNDERTAKER (ADDRESS) Speed & Blakey Paris, Missouri.

20. FILED SEP 25 1936 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP 24 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1935, to Sept 26, 1936
I last saw her alive on Sept 23, 1936 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall Bladder — Date of onset: N/K

Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical signs 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) H C Payne, M. D.
(Address) Paris, Missouri.