

JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH  
30 County Dallas Registration District No. 245  
Township Lincoln Primary Registration District No. 5339  
City Urbana (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Martha Jane Williams  
(a) Residence, No. \_\_\_\_\_ 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.

23562

File No. \_\_\_\_\_  
Registered No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-1851  
7. AGE YEARS 85 MONTHS 6 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
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) Dallas Co. Mo.  
13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "  
15. MAIDEN NAME "  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "  
17. INFORMANT Lee Williams (ADDRESS) Urbana Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Mission Ridge DATE 6-11-37  
19. UNDERTAKER F. B. Jones (ADDRESS) Buffalo Mo.  
20. FILED June 30 1937 Alice Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10-1937  
I HEREBY CERTIFY That I attended deceased from June 15 1937 to June 10 1937  
I last saw her alive on June 5 1937 Death is said to have occurred on the date stated above, at 5 a. m.  
The principal cause of death and related causes of importance were as follows:  
Cancer on Inferior Myeloid Bone in region of William Wymer's 2 yrs  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? mic 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) L. G. Blaine M. D.  
(Address) Urbana Mo

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