

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

Do not use this space.

NOV 16 1937

**1. PLACE OF DEATH**

County Cape  
Township  
City Cape Girardeau (No. St. Francis Hosp. St. Ward)

Registration District No. 121

File No. 37344  
Registered No. 330

**2. FULL NAME** Hattie Beatrice Williams

(a) Residence, No. Jonestown St. Jonestown Ward. Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14<sup>th</sup> 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. B. Williams

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4<sup>th</sup>, 1937, to Oct. 14<sup>th</sup>, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28 1886

I last saw her alive on Oct. 14<sup>th</sup>, 1937. Death is said to have occurred on the date stated above, at 8:40 a.m.

7. AGE YEARS MONTHS DAYS 51 0 16 If LESS than 1 day, hrs. or min.

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

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. Housewife  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

Coronary Occlusion  
Date of onset 10-14-37

12. BIRTHPLACE (CITY OR TOWN) Santa Fe (STATE OR COUNTRY) Illinois

Other contributory causes of importance: myocarditis  
Date of onset 3-1-37

13. NAME Zachary Crittendon

Name of operation None Date of None

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

What test confirmed diagnosis? None Was there an autopsy? No

15. MAIDEN NAME Alice Philips

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT Henrietta Williams Thurman (ADDRESS) 961 E. Grunwald Detroit Mich

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Maedens Mo. DATE Oct 16 37

Manner of injury Nature of injury

19. UNDERTAKER Burke & Griffith (ADDRESS) 1111 1/2 1st St. Cape Girardeau

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

20. FILED 10-14-37 J. M. Simpson Registrar

If so, specify (Signed) R. A. Ritter, M.D. M. D.

(Address) 801 A. Broadway Cape Girardeau, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

