DEC 29 1937

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

Do not use this space.

42647

1. PLACE OF DEATH
County Stone
Township ~~Bath~~ James
City (No. , St. Ward)
Registration District No. 845
Primary Registration District No. 6109
File No.
Registered No.

2. FULL NAME Mary Elizabeth Williams
(a) Residence, No. Near Reeds Spring Mo ~~Ward.~~
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 70 yrs. 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 John Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
25	70	4	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf.
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) Stone Co. Mo

FATHER
13. NAME Sam Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Mary Dotson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Bessie Sheppard Reeds Spring Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nickerson Cemetery DATE Nov 20 1937

19. UNDERTAKER (ADDRESS) Walter Watson (acting) Reeds Spring Mo

20. FILED Nov 19 1937 L S Shumate
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to Nov 19, 1937
I last saw her alive on Nov 10, 1937 Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcers of stomach	1936

Other contributory causes of importance:
Mitral Insufficiency

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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. S. Shumate, M. D.
(Address) Reeds Spring Mo

NB. 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.