

REC'D 1200 24 1938

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

4960

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo Registration District No. 791
(b) Township _____ Primary Registration District No. 1003
(c) City St. Louis, Mo (d) Street No. _____ Registered No. 1605
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Katie McWilliams
(a) Residence, No. _____ St. NR Leesburg, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresidence, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 1892

7. AGE YEARS 45 MONTHS 10 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME J. H. McWilliams

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

MOTHER 15. MAIDEN NAME Johanna Dawnes

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

17. INFORMANT (ADDRESS) M. G. Barry

18. BURIAL, CREMATION, OR REMOVAL PLACE Leesburg, Mo DATE 2-12-1938

19. FUNERAL DIRECTOR (ADDRESS) E. E. Long

20. FILED FEB 15 1938 J. P. Bredt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-7-1938, to 2-12-1938

I last saw her alive on 2-12-1938. Death is said

to have occurred on the date stated above, at 4:45 A.M.

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

Pneumonia
Broncho pneumonia

Date of onset
2-2-38

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Henry J. Liberty, M. D.

(Address) Southwestern

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.

STATEMENT BY LICENSED EMBALMER

I, Howard F Rowland, Licensed Embalmer No. 2114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Howard F Rowland

Licensed Embalmer No. 2114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)