

REC'D APR 5 1938

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

11050  
Do not use this space.

1. PLACE OF DEATH

46 (a) County Jasper Registration District No. 408  
(b) Township \_\_\_\_\_ Primary Registration District No. 3020 Registered No. \_\_\_\_\_  
(c) City Carthage (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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

Agnes Irene Williams 452  
(a) Residence, No. 72 1/2 East Chestnut St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. P. Williams  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 1873  
7. AGE YEARS 64 MONTHS 8 DAYS 3 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
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 \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
FATHER 12. BIRTHPLACE (CITY OR TOWN) Rayland (STATE OR COUNTRY) Kansas  
13. NAME Martin Costmell  
14. BIRTHPLACE (CITY OR TOWN) Livingston (STATE OR COUNTRY) Ky.  
MOTHER 15. MAIDEN NAME Catherine O'Flourighty  
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mo

17. INFORMANT Nellie Williams (ADDRESS) 72 1/2 E. Chestnut Carthage, Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Hill Cemetery DATE Mich 14 1938  
19. FUNERAL DIRECTOR Russell Mortuary (ADDRESS) Carthage, Mo  
20. FILED Mar 14 1938 W. M. Howard M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_ 19\_\_\_\_  
22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1938, to 3-12, 1938  
I last saw her alive on 3-12, 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Portal cirrhosis of liver  
12481  
Other contributory causes of importance: Pneumonia, terminal  
Date of onset Several yrs duration

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical observation 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) Russell Smith, M. D.  
370 (Address) 227 So Main St Carthage, Mo

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.

