

REC'D OCT 5 1938

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

32438

Do not use this space.

1. PLACE OF DEATH

(a) County Gasper Registration District No. 408
(b) Township Madison 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Neellie Williams 452
(a) Residence, No. 726 E. 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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 11 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. shoe
9. Industry or business in which work was done, as saw mill, bank, etc. factory worker
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) Republic Co., Kansas

FATHER 13. NAME Sherman Williams

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

MOTHER 15. MAIDEN NAME Agnes Cartmill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smith Co., Kansas

17. INFORMANT (ADDRESS) Sherman H. Williams
Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Hill Cemetery DATE Sept. 7, 1938

19. FUNERAL DIRECTOR (ADDRESS) Rueck Mortuary
Carthage, Mo.

20. FILED Sept. 7, 1938 E. J. McEntire, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw her dead Sept 5, 1938 to _____, 19____ Death is said to have occurred on the date stated above, at 12:00 PM 8/5/38

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

Suicide by taking Sodium Fluoride Date of onset _____

Other contributory causes of importance: 163
Red poisoning

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 9/5/38

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

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

Manner of injury suicide

Nature of injury Sodium Fluoride

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

If so, specify _____

(Signed) H. H. Winchester, M. D.

(Address) Jefferson, Mo.

STATEMENT BY LICENSED EMBALMER

I,

Emm Retneel

Licensed Embalmer No.

391

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

..... L. E.

No. or by

working under my personal supervision.

..... Registered Apprentice No.

391

Signed

Emm Retneel

Licensed Embalmer No.

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.)