1-P-M-

REC'D APR 21 1939

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

11119
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 408
(b) Township — Primary Registration District No. 3020 — Registered No. 43
(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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bessie F. Williams
(a) Residence, No. 1248 S. Garrison ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse R. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 1881

7. AGE: Years 57 | Months 3 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Oswego Kansas

FATHER
13. NAME V. J. Kirk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Indiana

MOTHER
15. MAIDEN NAME Elanor James
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

17. INFORMANT (ADDRESS) Jesse R. Williams 1248 S. Garrison - Carthage

18. BURIAL, CREMATION, OR REMOVAL 1 P M
PLACE Oswego, Kansas DATE Mar. 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kneel Mortuary Carthage, Mo.

20. FILED Mch. 3, 1939 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1937, to Mar 1, 1939
I last saw her alive on Mar 1, 1939. Death is said to have occurred on the date stated above, at 4:55 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	(?)
Other contributory causes of importance:	
Chr. Myocarditis	(?)
2ndary anemia	

Name of operation ~~X-ray treatment~~ Date of
What test confirmed diagnosis? X-ray & physical 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) George H. Wood, M. D.
(Address) Carthage Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-36-789

APR 11 1939

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 391

Emma R. O'Neill, or by

Registered Apprentice No., working under my personal supervision.

Signed Emma R. O'Neill

Licensed Embalmer No. 391

P. O. Address

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

If this body is not embalmed, above space should be left blank.