

REC'D MAY 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH15038
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 1110
 (b) Township Shawnee Primary Registration District No. 5541
 (c) City or West Plains, Mo 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

452 Mary Lee Williams
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day out
 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) Howell Co., Mo.

FATHER 13. NAME W. J. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hyannis, Mass.

MOTHER 15. MAIDEN NAME Hattie Wash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co., Mo.

17. INFORMANT (ADDRESS) W. J. Williams
West Plains, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty DATE 4-4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robinsons
West Plains, Mo

20. FILED _____, 19 _____ Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3 - 1939 to Apr. 3 - 1939
 I last saw him alive on Apr. 3 - 1939 Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Loxor Pneumonia Date of onset 3/21

Other contributory causes of importance: 108

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) P. D. Gurnea, M. D.
351 (Address) West Plains, Mo

Green

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

15038

Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 1110
 (b) Township Siloam Primary Registration District No. 5541
 (c) City (d) Street No. Registered No. 5
 (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 Mary Lee Williams

(a) Residence, No. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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) Howell Co Mo (STATE OR COUNTRY)

FATHER
 13. NAME W. F. Williams

14. BIRTHPLACE (CITY OR TOWN) Howell Co Mo (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Hattie Wood

16. BIRTHPLACE (CITY OR TOWN) Howell Co Mo (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) W. F. Williams West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty DATE 4-4-39

19. FUNERAL DIRECTOR (ADDRESS) Robertsons West Plains Mo

20. FILED June 14 1939 Mrs Gladys Foster Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 3 1939

22. I HEREBY CERTIFY, That I attended deceased from apr 3 1939 to apr 3 1939
 I last saw him alive on apr 3 1939. Death is said to have occurred on the date stated above, at 2 m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset
 Other contributory causes of importance:

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) P. D. Gunn, M. D.
 (Address) West Plains Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

