FILED JUN 19 1939

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

18203
Do not use this space.

1. PLACE OF DEATH
(a) County Callaway 3 1 Registration District No. 104
(b) Township or (c) City Fulton (d) Street No. State Hospital # 1 St.
Primary Registration District No. 3008 Registered No. 150
(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 45 yrs. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Iona Williams
(a) Residence, No. 1821 Paseo, K.C. Mo
(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: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: D. K.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): D. K.
7. AGE: Years 52; Months; Days; 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.: Home
10. Date deceased last worked at this occupation (month and year): May 1938
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas 1

FATHER
13. NAME: Billy Phillips 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas 1

MOTHER
15. MAIDEN NAME: Ella, D. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas.

17. INFORMANT (ADDRESS): Hospital Records.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Hospital Grounds DATE: June 3, 1939
19. FUNERAL DIRECTOR (NAME): C. L. Thomas (ADDRESS): 302 Market St. Fulton Mo
20. FILED: June 3, 1939 R. N. Crews, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 31, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1939 to May 31, 1939
I last saw her alive on May 31, 1939. Death is said to have occurred on the date stated above, at 3:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Meningo-Encephalitis	indef.
34	
Hemorrhagic Bronchopneumonia	6 days

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? 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?
If so, specify
(Signed) Forest Thomas, M. D.
(Address) State Hospital No. 1

(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.

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 comp with the above constitutes grounds for revocation of license.)

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