

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

22690
Do not use this space

1. PLACE OF DEATH *Mercer 9*

(a) County *Somerset 1* Registration District No. *553*

(b) Township *Somerset* Primary Registration District No. *3754*

(c) City..... (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(e) Length of residence in city or town where death occurred *75* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME *Mary Francis Williams*

(a) Residence, No. *R.F.D. Mercer Mo.* St. (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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 23, 1860*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>78</i>	<i>6</i>	<i>2</i>	

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) *Illinois 1*

FATHER 13. NAME *John Robinson 1*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Md. 1*

MOTHER 15. MAIDEN NAME *Elizabeth Bernard*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Md.*

17. INFORMANT *Mrs. Bernice Wyatt* (ADDRESS) *Mercer Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Longview, Mo.* DATE *June 27, 1939*

19. FUNERAL DIRECTOR *D. D. Grublee* (ADDRESS) *Genevally, Iowa*

20. FILED *426* 19*39* *S. P. Davis* Local Registrar. *492*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 25, 1939*

22. I HEREBY CERTIFY That I attended deceased from *May 25, 1939, to June 25, 1939*

I last saw her alive on *June 23, 1939* Death is said to have occurred on the date stated above, at *P. m.*

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

Carcinoma Left breast, with massive metastases to regional lymph glands and mediastinum

2. Cardio-vascular-renal degeneration, with special reference to the degree of myocardial involvement.

Other contributory causes of importance: *50*

Date of onset	<i>5 yr.</i>
	<i>3 mos.</i>

Name of operation *None* Date of
What test confirmed diagnosis *rhys and Lab* 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? *None* (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) *A. S. Bristow* (Address) *Bristow Bldg. Princeton, 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.

RECEIVED

District Health Officer No. 11

District File Number 739-119

Date Filed JUL 7 1939

STATEMENT BY LICENSED EMBALMER

I, O O Greenlee, Licensed Embalmer No. 872

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ames L Greenlee

L. E. 3967

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

Signed O O Greenlee
Licensed Embalmer No. 872

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.)