

1939

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

33836
Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 906
(b) Township Boyer Primary Registration District No. 6224 Registered No. _____
(c) City Hartsville (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 62 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leanas 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. S. Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1866
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 3 17
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) Indiana

FATHER 13. NAME William Estell

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

MOTHER 15. MAIDEN NAME Nancy Apple

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) C. S. Williams Hartsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill, Mo DATE Aug 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gene E. Holden Hartsville, Mo

20. FILED Sept. 30, 1939 Ella Clayton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1939, to Aug 6, 1939. I last saw her alive on Aug 1st, 1939. Death is said to have occurred on the date stated above, at 11:00 A. M.. The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Hypertension

Date of onset 1931

Other contributory causes of importance: Uremia

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) Dr. J. H. Murray M. D.
Hartsville, Mo. (Address)

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 Gene E. Holden.....

Licensed Embalmer No. 3865.....

P. O. Address Fayetteville, Mo.....

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.