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

Do not use this space.

42652

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No.
Township — Primary Registration District No. 3002 — Registered No. 167
City Mexico Mo (No. 220-8 Calhoun St. Ward)

2. FULL NAME Alma May Morgan Williams
(a) Residence, No. 220 8 Calhoun St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15-1909
7. AGE: YEARS 30 — MONTHS 7 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, 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): Audrain Co Mo

FATHER
13. NAME: John Morgan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Evelyn Wemmert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs Evelyn Morgan Mexico Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Santa Fe Mo DATE Dec 18, 1939
19. UNDERTAKER (ADDRESS): Snyder & Hanger Santa Fe Mo
20. FILED Dec 17, 1939 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 17 - 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1939, to Dec 17, 1939
I last saw her alive on Dec 17, 1939. Death is said to have occurred on the date stated above, at 10 42 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bilateral pulmonary tuberculosis	July 1939

Other contributory causes of importance: 23

Name of operation — Date of
What test confirmed diagnosis? X-ray — 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) Karl E. Maneval, M. D.
(Address) Mexico, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated [illegible]
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. 10
District File Number 1-40-121
Date Filed JAN 9 1940