

JAN 15 1940

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

42863
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 80
(b) Township Remont Primary Registration District No. 3-120
(c) City or City (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida Viola Williams

(a) Residence, No. Hemple, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 7, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 1 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. housewife
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) Clinton County Missouri

FATHER 13. NAME Madison Roy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clatte County Mo.

MOTHER 15. MAIDEN NAME Maggie Roage

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton County Mo.

17. INFORMANT (ADDRESS) Clarence Williams Hemple, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Allen Cemetery DATE Jan 1 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. A. Sullivan Lawler, Mo.

20. FILED Dec. 31 1939 Mrs. Lucy Powell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1939 to Dec 30 1939
I last saw her alive on Dec 30 1939 Death is said to have occurred on the date stated above, at 10:40 AM

The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset 12-29-39

Other contributory causes of importance: none

Name of operation none 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? no
If so, specify D. F. Bigham, M. D.
(Signed) W. T. Bigham (Address) Carleton, Mo.
80

K. 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 No. 740-1917

Date Filed JAN 12 1940

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, ~~_____~~

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

H. A. Sullivan

Licensed Embalmer No. 1738

P. O. Address *Gowanus, N.Y.*

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.