

DEC 5 - 1940

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

Do not use this space.

38100

1. PLACE OF DEATH

County Bollinger Registration District No. 69
Township Waynes Primary Registration District No. 5705
City Zalma, Mo. No. 2 St. _____ Ward _____

File No. _____
Registered No. 43

2. FULL NAME

Ellen Gurlene Williams
(a) Residence, No. Zalma, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1937

7. AGE YEARS MONTHS DAYS H LESS than 1 day, _____ hrs. or _____ min.
2 9 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2
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) Kinder, Mo.

13. NAME Harry Edward Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zalma, Mo.

15. MAIDEN NAME Ruth Lee Oliver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Senath, Mo.

17. INFORMANT (ADDRESS) Harry E. Williams, Zalma, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cato Cemetery DATE Aug 13, 1940

19. UNDERTAKER (ADDRESS) Tracy Greenminister, Zalma, Mo.

20. FILED 11/200 1940 Miss Jake Birney Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1940, to August 12, 1940
I last saw her alive on August 10, 1940 Death is said to have occurred on the date stated above, at 2:15 P.M.
The principal cause of death and related causes of importance were as follows:

Erysipelas

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical 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) Dr. R. A. Smith, D.D., M.D.

70 (Address) Zalma, Mo.

Every year 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

