

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

Do not use this space.

15429 *EG*

FILED ~~MAY~~ 16 1942

1. PLACE OF DEATH
 County, ST. FRANCOIS Registration District No. 33
 Township, RANDOLPH Primary Registration District No. 6024B
 City, FRANK CLAY (No. 1) St. _____ Ward _____
 (No. HALEY)
 2. FULL NAME MANAETTY WILLIAMS
 (a) Residence, No. _____ 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

3. SEX MALE 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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 9 1867
 7. AGE YEARS 74 MONTHS 7 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Jenn. /
 13. NAME Stanford Ellis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn. /
 15. MAIDEN NAME Sarah Capper
 BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown /
 17. INFORMANT Frank Williams
 (ADDRESS) Frank Clay Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Williams Cemetery DATE 4/18 1942
 19. UNDERTAKER J. S. Boyer Sons
 (ADDRESS) Leadwood Mo.
 20. FILED 4-17 1942 Byrdie S. Buhmesto
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16 1942
 22. I HEREBY CERTIFY, That I attended deceased from 4/13/ 1942, to 4-16- 1942
 I last saw her alive on 4/16 1942 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 4/15/42
8301
 Other contributory causes of importance:
hypertension -
obscure disease
 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? No
 If so, specify _____
 (Signed) John W. Hunt M. D.
 (Address) Frank Clay Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 29 1942

RECEIVED

District Health Officer No. 4
District File Number 542-36
Date Filed 5-12-42

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of St. Francois } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4

On this 21st day of May, 1942, before me appears.....

Frank Williams, who, upon his oath, states that the original record of ^{birth} death
for Halay Williams died ^{born} April 16, 1942, in the State of
Missouri, and which was filed at Frank clay Mo on 4-17, 1942, should be corrected as follows:

Item No. 3 should read Halay Williams

Instead of Manalia Williams

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank Williams son
Relationship.

Frank clay Missouri
Present Address.

Subscribed and sworn to before me this 21st day of May, 1942.

My Commission expires March 12, 1946 Byrdie Burkmaster Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Missouri }
County of St. Francois } ss.State File No. 15429

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4

On this 12th day of June, 1942, before me appears Frank Williams, who, upon his oath, states that the original record of ^{birth} death for Halcy Williams, ^{died} ~~born~~ April 16, 1942, in the State of Missouri, and which was filed at Frank clay on 4-17, 1942, should be corrected as follows:

Item No. 6 should read June 9, 1867

Instead of June 9, 1866

Item No. 7 should read 74 years - 10 - mo - 7 days

Instead of 75 years - 7 mo - 10 days

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank Williams Son
Relationship.

Frank Clay MO
Present Address.

Subscribed and sworn to before me this 12th day of June, 1942

My Commission expires March 12, 1946 Byrdie Buhmester Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.