

SEP 25 1936

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

Do not use this space.

31534

1. PLACE OF DEATH

County Lawrence Registration District No. 467
Township Aurora Primary Registration District No. 4280
City Aurora (No. Aurora Clinic) St. _____ Ward _____

File No. _____

Registered No. 582. FULL NAME Leona Williams

(a) Residence, No. R. F. D. # 1 Aurora 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>writes the word</i>) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J.A. Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 14-1872</u>		
7. AGE	YEARS	MONTHS
	<u>64</u>	<u>0</u>
		DAYS
		<u>14</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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).....	
FATHER	11. Total time (years) spent in this occupation.....	
	12. BIRTHPLACE (CITY OR TOWN)..... <u>Barry County</u> (STATE OR COUNTRY) <u>Missouri</u>	
	13. NAME <u>J. B. Fly</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN)..... <u>Barry County</u> (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Susie Woodwaid</u>	
	16. BIRTHPLACE (CITY OR TOWN)..... <u>Barry County</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Frank Williams</u> (ADDRESS) <u>Aurora Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Purdy Mo.</u> DATE <u>Aug 30</u> 19 <u>36</u>		
19. UNDERTAKER <u>King Funeral Home</u> (ADDRESS) <u>Aurora Mo.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1936, to Aug 28, 1936
I last saw h^e alive on Aug 28, 1936 Death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:

Staphylococcus Defterrina
from Carbuncle on chin 4 day

Other contributory causes of importance:

Ch. Cordis Valvular D. ?
Ch. Myocarditis ?
Diabetes Mellitus ?

Name of operation Carbuncle excised Date of Sept 2
What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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.
No

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) R. L. Cowan M. D.(Address) Aurora Mo.20. FILED Aug 28 1936 R. L. Cowan Registrar.

JAN 1 5 1942