

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

Do not use this space.

1847

1. PLACE OF DEATH

68 County Monticau
Township Inslem
City (No.) St. Ward)

Registration District No. 1095
Primary Registration District No. 4336

File No.
Registered No.

2. FULL NAME

Cynthia Airsten 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-24-1868</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>9</u>
	DAYS <u>21</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. <u>235</u>
	10. Date deceased last worked at this occupation (month and year) <u>1-15-1932</u>	11. Total time (years) spent in this occupation <u>✓</u>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monticau County Mo.</u>	
FATHER	13. NAME <u>Geo. W. Robertson</u>	9
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Steisson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Arden Williams</u> (ADDRESS) <u>Clarksville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Maria's</u> DATE <u>1-19-1932</u>		
19. UNDERTAKER <u>Jarrell E. Richards</u> (ADDRESS) <u>Jupton, Mo.</u>		
20. FILED <u>1-16-1932</u> <u>J. G. Martin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-9-1932 to 1-16-1932
I last saw her alive on 1-15-1932 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 1-9-32
108
Other contributory causes of importance:
108 ①

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) J. B. Morrison, M. D.
(Address) Jupton Mo.

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. FEB 24 1932

