

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.

AUG 19 1935

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

Do not use this space.

27088

1. PLACE OF DEATH

County *Monticau*
Township *Walker*
City (No. _____) _____

Registration District No. *571*
Primary Registration District No. *5769*

File No. _____
Registered No. *46*
_____ Ward _____

2. FULL NAME

Martha Ann 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 *Female* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Thomas H. Williams*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 17-1858*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 1 19

OCCUPATION 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) *Monticau Co. Mo.*

MOTHER 13. NAME *Riley Dodge*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Trapperville*

15. MAIDEN NAME *Jane Dailing*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Monticau Co. Mo.*

17. INFORMANT (ADDRESS) *O. E. Williams California Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvin Cem* DATE *8/8* 1935

19. UNDERTAKER (ADDRESS) *Williams & Fred Meyer California Mo.*

20. FILED *8-8-1935* *H. R. Dopey* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-7-1935*

22. I HEREBY CERTIFY, That I attended deceased from *7-29-1935* to *8-7-1935*

I last saw her alive on *7-29-1935* Death is said to have occurred on the date stated above, at *7:30* a. m.

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

Arteriosclerosis Date of onset _____

Other contributory causes of importance *Chronic nephritis Cause unknown*

Name of operation *none* Date of _____

What test confirmed diagnosis? *Abuse* 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) *H. R. Dopey* M. D.
California Mo. (Address) _____

