

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

39455

Do not use this space.

1. PLACE OF DEATH *Clinton* Registration District No. *254*
 (a) County *Clinton* (b) Township *Benton* Primary Registration District No. *6355*
 (c) City *Clinton* (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred *452* yrs. mos. ds. (f) How long in U. S., if of foreign birth? *25* yrs. mos. ds.
 2. PRINT FULL NAME *Martha E. Williams*
 (a) Residence, No. _____ St. *4*
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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 *W. C. Williams (Deceased)*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 13-1863*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 9 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. *Housekeeper*
 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) *Harrison Co. Mo.*

13. NAME *not known*

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

15. MAIDEN NAME *Elizabeth Persinger*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *not known*

17. INFORMANT (ADDRESS) *Sam Williams*
Pattonburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Ridge* DATE *11-18-39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Ed Schomer*
Pattonburg Mo.

20. FILED *11-17* 19*39* *Francis E. Sutton*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 16*, 19*39*
 22. I HEREBY CERTIFY, That I attended deceased from *Sept 20*, 19*39*, to *Nov 16*, 19*39*
 I last saw *him* alive on *Nov 12*, 19*39*. Death is said to have occurred on the date stated above, at *8:10 P.M.*
 The principal cause of death and related causes of importance were as follows:

Acute Subar. Pneumonia Date of onset *Sept 20*

Other contributory causes of importance: *108*

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?
 If so, specify _____ (Signed) *Frank Hedges*, M. D.
Pattonburg (Address)

RECEIVED

DEPT. HEALTH Officer No. 111

DEPT. FILE NO. 12-39-1776

Date Recd. DEC 18 1933

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2857

P. O. Address. Pattonburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.