

MAY 22 1936

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

Do not use this space.

16078

1. PLACE OF DEATH

County Monticau
Township Wagon
City California (No. _____ St. _____ Ward _____)

Registration District No. 571
Primary Registration District No. 4335

File No. _____
Registered No. 27

2. FULL NAME Mrs. Nora E. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5-1 26

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) Monticau Co
(STATE OR COUNTRY) Mo

13. NAME James Brown Inman

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

15. MAIDEN NAME Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Rachel Tischaff
(ADDRESS) California

18. BURIAL, CREMATION, OR REMOVAL PLACE Elkton DATE April 21 1936

19. UNDERTAKER J. Williams + Son
(ADDRESS) California

20. FILED 4-21-1936 H. C. Popejoy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-11-1936 to 4-20-1936

I last saw her alive on 4-20-1936 Death is said

to have occurred on the date stated above, at 9 a. m.

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

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Clinical 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. C. Popejoy, M. D.

(Address) California

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.

