

1939 MAR 16 1939

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

Do not use this space.

7430

1. PLACE OF DEATH
 County Monteau Registration District No. 668
 Township Sedalia Primary Registration District No. 3032
 City Sedalia (No. Bothwell Hosp)
 St. _____ Ward _____
 Registered No. 71

2. FULL NAME Christiana A. Williams
 (a) Residence, No. Sifton 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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE Colored
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Robert Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8, 1908
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
30 6 17
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Dec. 15, 1939
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.
 13. NAME Charles Davis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Ricie Robinson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sifton Missouri
 17. INFORMANT (ADDRESS) Robert Williams Sifton Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sifton Mo. DATE 2-25-1939
 19. UNDERTAKER (ADDRESS) Jamecia E. Richards Sifton Mo.
 20. FILED 2-26-1939 Mrs. Harry Sneed Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-1939
 22. I HEREBY CERTIFY, That I attended deceased from 2-22-1939 to 2-25-1939
 I last saw her alive on 2-25-1939. Death is said to have occurred on the date stated above, at 3:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute Peritonitis
 Other contributory causes of importance:
Ingestion of Toxic!
Hydropericardium
 Name of operation _____ Date _____
 What test confirmed diagnosis? Chemical Was there an autopsy? no
 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) A. K. Madrox, M. D.
 (Address) 1165 W. Main 961

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

13418

RECEIVED
District Health Officer No. 8
Date Filed _____
District File Number 5/6/39

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

7430
Do not use this space.

1. PLACE OF DEATH
 (a) County Pettis Registration District No. 668
 (b) Township Primary Registration District No. 2032 Registered No.
 (c) City Sedalia (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Christiana A. Williams
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 6 17

OCCUPATION
 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.
 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)

FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at ... m.
 The principal cause of death and related causes of importance were as follows:
acute peritonitis
Bilateral Dacryocystitis
13410
No. 1110 -
 Other contributory cause of importance:
Infection of tubes & ovaries
Hydroretomy
 Name of operator Hydroretomy Date of 2-24-39
 What test confirmed diagnosis Clinical Was there an autopsy? No

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) A. R. Maddox, M. D.
 (Address) Sedalia Mo.

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Local Registrar.

