

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.

OCT 3 1936

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

Do not use this space.

30707

1. PLACE OF DEATH

County Franklin Registration District No. 15001
 Township Superior Primary Registration District No. 5002
 City Flourmont (No. _____) St. _____ Ward _____

2. FULL NAME

Ellen Williams
 (a) Residence, No. _____, _____ St., _____ Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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

MEDICAL CERTIFICATE OF DEATH

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 Elijah
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1846
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, / hrs. or min.
89 9 11 40

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 1936
 22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1936 to Aug 17, 1936
 I last saw her alive on Aug 16, 1936 Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis Date of onset 6 days

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. house wife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Other contributory causes of importance: None
 Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio - Canada
 13. NAME William Coons
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Margaret Gordon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

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.

17. INFORMANT (ADDRESS) J. W. Williams, Flourmont, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE McCarroll DATE Aug 19, 1936
 19. UNDERTAKER (ADDRESS) Whitall & Co.
 20. FILED 9-15-36 W. E. Brunner Registrar

Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) R. D. Meems, M. D.
 (Address) Flourmont, Mo.

Dr. R. C. Meems

