

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

Do not use this space.

13632

1. PLACE OF DEATH

89 County ~~Ray~~ Ray Registration District No. 743
Township Fishing Creek Primary Registration District No. 6237
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 7

2. FULL NAME

Emma 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1 - 1882</u>		
7. AGE	YEARS	MONTHS
	<u>50</u>	<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>335</u>
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) <u>Va</u>		
13. NAME <u>William Sutphin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Mary T Ford</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>		
17. INFORMANT (ADDRESS) <u>J. R. Williams</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salem</u> DATE <u>4-9-1932</u>		
19. UNDERTAKER (ADDRESS) <u>Herbert Hope</u>		
20. FILED <u>Apr 10 1932</u> <u>E. O. Ellis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him/her alive on Apr 7, 1932. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:
Suicide
GunsHOT Wound
Right Temple
167

Other contributory causes of importance:
167 - 1

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Apr 7, 1932
Where did injury occur? Ray Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury at Home
GunsHOT Wound
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. W. Gainer M. D.
(Address) Rayville, Mo.

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.

MAY 28 1932

