

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

- 29943

**1. PLACE OF DEATH**

County..... Registration District No. 78  
 Township..... Primary Registration District No. 00083  
 City St. Louis, Mo. (No. Sanitarium)

File No. ....  
 Registered No. 8817  
 St. .... Ward)

**2. FULL NAME**

Thomas S. Williams  
 (a) Residence. No. 355 N. Boyle St., 19 Ward.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 30 yrs. 4 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male | 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 Margaret S. Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 11, 1871

| 7. AGE | YEARS     | MONTHS    | DAYS      | IF LESS than 1 day, hrs. or min. |
|--------|-----------|-----------|-----------|----------------------------------|
|        | <u>54</u> | <u>11</u> | <u>29</u> |                                  |

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Electrician  
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown  
 (c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) West Virginia  
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Maryland  
 (STATE OR COUNTRY)

14. INFORMANT W. H. Hennell  
 (Address) City Sanitarium

15. FILED SEP 27 1926 May C. Stark of St. Louis  
 REGISTAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-10-1926

17. I HEREBY CERTIFY That I attended deceased from Sept, 1926, to 9-10, 1926 that I last saw him alive on 9-9, 1926, and that death occurred, on the date stated above, at 7:25 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: A. Epileptic Convulsions

CONTRIBUTORY (SECONDARY) 78 (duration) 4 yrs. 3 mos. 23 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... no DATE OF.....  
 WAS THERE AN AUTOPSY..... no  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) W. H. Hennell, M. D.

\*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Sanitarium  
 DATE OF BURIAL 9/10/26 19

20. UNDERTAKER James J. Moran  
 ADDRESS 4271 Olive

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

