

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

Do not use this space.

3599

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1002
 City St. Louis (No. City Hospital # 2)
 Registered No. 1311 St. _____ Ward _____

2. FULL NAME

Clara Williams
 (a) Residence. No. 2714 Wash St., 21 Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 16, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 | 3 | 13 | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundress
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER She O'Neal

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

12. MAIDEN NAME OF MOTHER Hattie Gibney

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

14. INFORMANT (Address) Anna F. Woodard
City Hospital # 2

15. FILED FEB -4 1928 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 29, 1928

17. I HEREBY CERTIFY that I attended deceased from Jan. 19, 1928 to Jan. 29, 1928 that I last saw alive on Jan. 29, 1928, and that death occurred on the date stated above at 2:00 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Myocarditis
930

indefinite (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 90 B (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED not known
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
Dr. B. Howell (Signed) M. D.

Jan. 29, 1928 (Address) City Hosp. # 2

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park DATE OF BURIAL 2/5 1928

20. UNDERTAKER A. Russell and Co. Pine Bluff ADDRESS 2732

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

