

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

Do not use this space.

10927

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

St. Louis

(No. 5600)

Crescent

File No.....

Registered No.....

2751

St.....

Ward.....

2. FULL NAME

Clas Williams

(a) Residence, No. 1127 N. Leonard, 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Blk.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

Single

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

Unknown

7. AGE

abt 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School boy

(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)

New York

10. NAME OF FATHER

Charles Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

La.

12. MAIDEN NAME OF MOTHER

Edna Stumpert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

14.

INFORMANT

(Address)

Edna Williams
1129 N. Leonard

15.

FILED

12 1928

Mable Starkoff

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

Mar - 8 19 28

17.

I HEREBY CERTIFY That I attended deceased from Mar 7 1928, to Mar 8 1928 that I last saw him alive on Mar 8 1928 and that death occurred, on the date stated above, at 6:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria, Pharyngot & Nasal Cellulitis of Neck

CONTRIBUTORY (SECONDARY)

Bronchopneumonia
10 days (duration) 0 yrs. 0 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, 1127 N. Leonard

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical. (Signed) Thurgott Harrison, M.D.

1919 1928 (Address) ISOLATION HOSPITAL

*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

DATE OF BURIAL

Washington Park

3-12-28

20. UNDERTAKER

ADDRESS

Peoples Fund Co

3100 Franklin

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.

