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.

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

Do not use this space.

22074

1. PLACE OF DEATH

County .... Registration District No. 791 File No. ....

Township .... Primary Registration District No. 1003 Registered No. 6245

City St. Louis (No. .... St. .... Ward)

2. FULL NAME Tommie Lee Williams

(a) Residence. No. 549a So Ewing St., 18 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Col	Single

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) May 24 - 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	1	0	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer ....

9. BIRTHPLACE (city or town) St. Louis
(State or country) Mo.

PARENTS

10. NAME OF FATHER Marcus Williams

11. BIRTHPLACE OF FATHER (city or town) ....
(State or country) Columbus Miss.

12. MAIDEN NAME OF MOTHER Annie Hughes

13. BIRTHPLACE OF MOTHER (city or town) ....
(State or country) Columbus Miss.

14. Informant Marcus Williams
(Address) 549a So Ewing Ave.

15. Filed JUN 11 1928 Max C. Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) 6-8-28 19

17. I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....,
that I last saw h... alive on ...., 19...., and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

2004

Marasmus
Cause Unknown
(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) W. M. A.
(duration) ...yrs. ...mos. ...ds.

160

18. Where was disease contracted if not at place of death?
Did an operation precede death? .... Date of ....
Was there an autopsy? ....
What test confirmed diagnosis? ....

(Signed) Wm Devers, M.D.
6/11, 1928 (Address) Dep Coroner

*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 Greenwood. DATE OF BURIAL 6-11 1928

20. UNDERTAKER C. W. Roberts ADDRESS 3035 Lucas Av.