

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.

22294

## 1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City *St. Louis*(No. *City*)*Hospital #2*

File No.....

Registered No.....

6477

St.....

Ward.....

## 2. FULL NAME

*Amelia Williams*(a) Residence. No. *1924 1/2*

(Usual place of abode)

*Bellevue St.**11* Ward.Length of residence in city or town where death occurred *5* yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

## 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

*Frederick Williams*

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

*June-10-1897*

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*31**0**7*

## 8. OCCUPATION OF DECEASED

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

*Domestic*

(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)

*Miss*

## 10. NAME OF FATHER

*J. W. Ross*

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Miss*

## 12. MAIDEN NAME OF MOTHER

*Anna Thompson*

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Miss*

## 14.

INFORMANT

(Address)

*Anna Woodward  
City Hospital #2*

## 15.

FILED

JUN 19 1928

*Max C. Starkey*

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

*June-17-1928*

## 17.

I HEREBY CERTIFY, That I attended deceased from *6/9*, 1928, to *6-17-*, 1928.that I last saw him/her alive on *6-16-*, 1928, and that death occurred, on the date stated above, at *2:50* a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Broncho Pneumonia**107A**about**1000*(duration) ..... yrs. .... mos. *0* ds.

## CONTRIBUTORY

(SECONDARY)

(duration) ..... yrs. .... mos. .... ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

*not known*

## 19. DID AN OPERATION PRECEDE DEATH.....

*no*

DATE OF.....

WAS THERE AN AUTOPSY.....

*no*

WHAT TEST CONFIRMED DIAGNOSIS.....

*Clinical*

(Signed).....

*L. B. Howell*

, M. D.

, 19

(Address)

*City Hospital #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

## DATE OF BURIAL

*Washington Park**June 20, 1928*

## 20. UNDERTAKER

ADDRESS

*W. S. Wade and Co**4202**Fanning*

