

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

Do not use this space.

22489

**1. PLACE OF DEATH**

County.....

Registration District No.....

7911

File No.....

Township.....

Primary Registration District No.....

1003

Registered No.....

6691

City St. Louis (No. 4432 Cote Brillante St. .... Ward) .....

**2. FULL NAME**

Richard Williams

(a) Residence. No. 4432 Cote Brillante St. .... 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. da.

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
abt. 55 4 4 4 4

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**10. NAME OF FATHER** Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Not Known

**12. MAIDEN NAME OF MOTHER** Anna Indian

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

14. INFORMANT Laura Williams  
(Address) 4432 Cote Brillant

15. FILED N 26 1928 MALE C. Stalling  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1928

17. I HEREBY CERTIFY That I attended deceased from 6 17 1928 to 6 24 1928  
that I last saw him alive on 6 16 1928, and that death occurred, on the date stated above, at 6 16 1928 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Broncho-Pneumonia

**CONTRIBUTORY (SECONDARY)**

**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) John L. Perry M.D.  
6, 25, 1928 (Address) 4452 Kemmerly

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

Greenwood

June 27, 1928

**20. UNDERTAKER**

ADDRESS

J. H. Harrison

Lawton

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.

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

24