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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25112

Township ..... Primary Registration District No. 1003 Registered No. 6875

City ST LOUIS MO, (No. ....., ST. ANTHONYS HOSP. St. ..... Ward)

2. FULL NAME DORTHA MAE WILLIAMS

(a) Residence. No. 6944 MARQUETTE AVE St., Ward. 4 ~~St. Louis Mo~~ (If nonresident give city or town and State)
(Usual place of abode)

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)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ALBERT D. WILLIAMS

6. DATE OF BIRTH (MONTH, DAY AND YEAR) OCT 29 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	$42	8	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(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.

PARENTS

10. NAME OF FATHER CHARLES MC CORMICK

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

12. MAIDEN NAME OF MOTHER UNKOWN

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

14. INFORMANT Leonard McCormick
(Address) Annapolis Mo

15. FILED 11-2 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) JULY 1. 1th 1928

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1928, to July 1, 1928, that I last saw her alive on July 1, 1928, and that death occurred, on the date stated above, at 11 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Post Operative Thyrodectomy
Cardiac Failure (acute)
Dilatation of Heart
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hypothyroidism
(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Louis Mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 29-1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam

(Signed) J Curtis Lytle, M. D

July 2, 1928 (Address) 527 Frisco Bldg St Louis Mo

*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 Fredericktown Mo — DATE OF BURIAL 7-3 1928

20. UNDERTAKER E H Webb — ADDRESS Fredericktown Mo