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

Do not use this space.

4698

File No. 1389

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 1012 N. 23rd St. Ward)

Registration District No. 1003 (791)

Primary Registration District No.

2. FULL NAME Gertrude Williams

(a) Residence. No. 1012 N. 23rd 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Colored	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C.A. Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56.	—	26.	

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) Huntington
(STATE OR COUNTRY) Tenn

PARENTS

10. NAME OF FATHER Spencer Hawkins

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Rev. C.A. Williams
(Address) 1012 No 23rd St.

15. FILED 1929 M C Stanton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1929

17. I HEREBY CERTIFY, That I attended deceased from More or less since 1928, to Jan. 26 1929, that I last saw her alive on Jan. 25 1929, and that death occurred, on the date stated above, at 12.25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cardio-vascular-renal insufficiency with hypertension; More or less (duration) 12 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Very pernicious malignancy; Edo carditis; Mitral leak (duration) 10 yrs. mos. ds.

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? Physical findings

(Signed) J. J. Breeckoke, M.D.

1/28/, 1929 (Address) 2538 9 Munces

*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 Topeka, Kans.

DATE OF BURIAL Jan 28 1929

20. UNDERTAKER W. C. Gordon Und. Co

ADDRESS 2649 Morgan St

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 INDELIBLE INK—THIS IS A PERMANENT RECORD

JUL 3 1941