

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

Do not use this space.

20040

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. City Infermary)

File No. ....  
 Registered No. 5701  
 St. .... Ward)

**2. FULL NAME**

Thomas Mc Williams  
 (a) Residence. No. City Infermary St. 13 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** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widow

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Don't know

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Aug 7 1854

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 7 9 18

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE** (CITY OR TOWN) Ireland  
 (STATE OR COUNTRY)

PARENTS

**10. NAME OF FATHER** Thomas Mc Williams

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

**12. MAIDEN NAME OF MOTHER** Katharine White

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

**14. INFORMANT** m. officiner  
 (Address) City Infermary

**15. FILED** MAY 20 1909  
M. C. Hadden REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) May 27 1909

**17. I HEREBY CERTIFY**, That I attended deceased from May 1, 1909, to May 27, 1909, that I last saw him alive on May 22, 1909, and that death occurred, on the date stated above, at 11:35 p.m.

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

10 1/2 15 1/2 (duration) yrs. mos. 3 ds.

**CONTRIBUTORY** Senility  
 (SECONDARY) (duration) 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? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.  
 (Signed) T. W. Perry, M. D.  
 , 19 (Address) 5800 Arsenal

\*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** Calvary Cemetery **DATE OF BURIAL** May 24 1909

**20. UNDERTAKER** J. V. Dublen & Co. **ADDRESS** 2842 Meramec

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

15-15-897

