

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

Do not use this space.

35627

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 791  
 City St. Louis (No. 3447 Paul St. Peoples Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 10403  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Mittie Streets  
 (a) Residence. No. \_\_\_\_\_ St., 27 Ward. S. Kinloch Mo  
 (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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carlisle Streets</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 28, 1887</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>8</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <u>Housework</u> (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) <u>Birmingham Ala</u>		
PARENTS	10. NAME OF FATHER <u>Robt N. Williams</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ala</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ala</u>	

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-18 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-29, 1929, to 10-18, 1929, that I last saw him alive on 10-18, 1929, and that death occurred, on the date stated above, at 9 49 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Intermittent nephritis

131 / 1290 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) No history (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. H. Williams M. D.  
10-19, 1929 (Address) 3200 Laclede Ave

\*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 <u>Birmingham Ala</u>	DATE OF BURIAL <u>10/24</u> 19 <u>29</u>
20. UNDERTAKER <u>Chas. J. Yates</u>	ADDRESS <u>407 Quincy</u>

14. INFORMANT Carlisle Streets  
 (Address) S. Kinloch, Mo.

15. FILED 22 1929 May C. Stanley REGISTRAR

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.

235  
2

