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

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.

38748

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St. Louis ..... Primary Registration District No. 1003

City ..... (No. 2911 N Jefferson ..... St. ..... Ward)

File No. 11167

Registered No. .....

2. FULL NAME Clyde D. Williams

(a) Residence. No. 2911 N Jefferson St., 2 Ward. (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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27, 1928

7. AGE: Years 1 | Months 8 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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) Clifford Ills

PARENTS

10. NAME OF FATHER Ervin Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Murphysboro Ills
12. MAIDEN NAME OF MOTHER Thelma Albright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ills

14. INFORMANT Ervin Williams
(Address) 2911 N Jefferson

15. FILED NOV 16 1929 Max L Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1929, to ....., 19.... that I last saw him alive on Nov. 15, 1929, and that death occurred, on the date stated above, at 6 15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Convulsions
86
104 F 80 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bad cold
cause could not be ascertained (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) F. O. Sturlaker, M. D.
Nov. 16, 1929 (Address) 3519 Hebert

*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: Murphysboro Ills
DATE OF BURIAL: Nov 16, 1929

20. UNDERTAKER: Math Hermann & Son
ADDRESS: 2161 E Fair Ave