

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

Do not use this space.

10361

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 1003
 City St Louis (No. 5565, Maple) St. Ward)

File No.
 Registered No. 2340
 St. Ward)

2. FULL NAME

Robert P. Williams
 (a) Residence. No. 5565 Maple Ave., 5 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 35 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 14, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 10 24

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Brunswick
 (STATE OR COUNTRY) Miss

10. NAME OF FATHER U. S. Williams

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

12. MAIDEN NAME OF MOTHER Martha Pulliam

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

14. INFORMANT E. R. Williams
 (Address) 5565 Maple

15. FILED Mar 21 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1930, to Mar 5, 1930, that I last saw him alive on Mar 5, 1930, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) JJB
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No
 (Signed) M. D. Jennings, M. D.

Mar. 6, 1930 (Address) 4101 Washington Blvd.

*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 Oak Grove DATE OF BURIAL Mar 7 1930

20. UNDERTAKER Alexander and Sons ADDRESS 6175 Delmar

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.

4101 Washington -

June 1-15 3