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

Do not use this space.

14181

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 003

City ..... (No. 3150 Clifton Place St. ..... Ward)

File No. .....

Registered No. 3514

2. FULL NAME Edward Williams

(a) Residence. No. 3150 Clifton Pl St. ..... 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)
Male	Cal	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23, 89

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		3	12	

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) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Duglas Williams

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

12. MAIDEN NAME OF MOTHER Annie Johnson

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

14. INFORMANT Duglas Williams
(Address) 3150 Clifton Pl

15. FILED APR -8 1930 Max C Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 — 5 1930

17. I HEREBY CERTIFY, That I attended deceased from 4-7, 1930, to 4-5, 1930 that I last saw her alive on 4-15, 1930 and that death occurred, on the date stated above, at 4 a.m.

108 THE CAUSE OF DEATH* WAS AS FOLLOWS:
106 Acute ~~Rubber~~ pneumonia
Secondary
..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Bronchitis Acute
non Tubercular (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Bedside Diagnosis

(Signed) J. L. Walker, M. D.

4/5, 1930 (Address) 801 Jefferson 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	DATE OF BURIAL
Father Dixons Cem	4-8-1930
20. UNDERTAKER	ADDRESS
Bruce & Rowlett	Garrison 1003 N.

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