

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **791**

City **St. Louis** (No. **City Hospital 2**)

File No. **24334**  
Registered No. **6467**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

**Gertrude Williams**

(a) Residence. No. **2811 Franklin** St., **21** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **8** yrs. **6** mos. — ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

**Female**

4. COLOR OR RACE

**Colored**

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

**Married**

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

**Gerry Williams**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar. 28-1899**

7. AGE

YEARS

**31**

MONTHS

**3**

DAYS

**3**

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

**Housewife**

(b) General nature of industry, business, or establishment in which employed (or employer)

**at Home.**

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

**Vicksburg**

(STATE OR COUNTRY)

**Mississippi**

10. NAME OF FATHER

**Rufus Anderson**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

**Miss**

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

**Johanna Turner**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

**Miss**

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

**Kora Kelley  
2811 Franklin**

15.

JUL -5 1930  
FILED

19

**M. E. Starkey**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

**7/1 1930**

17. **No. Physician in attendance**  
I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at **2:35 p.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Bilateral Lobar Pneumonia**

**10<sup>0</sup>**

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY)

**10/10**

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

18. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **M. E. Starkey**, M. D.

\*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

**St. Peters Cem.**

DATE OF BURIAL

**7/5 1930**

20. UNDERTAKER

**Peoples Und. Co.**

ADDRESS **3100 Franklin**

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.

