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.

28500

File No. 8404

Registered No.

1. PLACE OF DEATH

County

Township

City (No. St. Ward)

Registration District No. 781

Primary Registration District No. 1003

2. FULL NAME William Daniels

(a) Residence. No. 3216 Bell 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 13 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Negro

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jul 19 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	1	1	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer): Worked on Street

(c) Name of employer: City of St. Louis

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quellen Ark.

PARENTS

10. NAME OF FATHER: James Daniels

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

12. MAIDEN NAME OF MOTHER: Farley Tibbs

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

14. INFORMANT: Grace Daniels
(Address) 3 The Bell Ave.

15. FILED AUG 23 1930, 19 Max C Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 13th, 1930, to Aug 20th, 1930 that I last saw Pres. alive on Aug 20th, 1930, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10 M

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) G W Holt, M. D

8-20-, 1930 (Address) 932 N 14th St

*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: Washington Park

DATE OF BURIAL: Aug 24, 1930

20. UNDERTAKER: William Officer

ADDRESS: E. St Louis Ill