

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

3904

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **2925^a N. Newstead**)

File No.....

Registered No. **1150**

St. Ward

2. FULL NAME **George R. Williams**

(a) Residence. No. **2925^a N. Newstead St.** Ward. **11**

(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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16, 1842		
7. AGE YEARS 88	MONTHS 3	DAYS 11
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Cabinet Maker**
(b) General nature of industry, business, or establishment in which employed (or employer). **28**
(c) Name of employer **Retired -**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **England 8**

PARENTS	10. NAME OF FATHER Charles Williams
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
	12. MAIDEN NAME OF MOTHER Unknown
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT **Mrs H. B. Martin**
(Address) **1508 Kenton**

15. FILED **29, 1931** **May C. Stender**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 27 1931**

17. I HEREBY CERTIFY, That I attended deceased from **1-5, 1930**, to **1-27, 1931** that I last saw him alive on **1-27, 1931**, and that death occurred, on the date stated above, at **12:30 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

198
980
Tuber pneumonia
Chronic Myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? **No** DATE OF
WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Staination**
(Signed) **J. H. Alexander, M. D.**

1-29, 1931 (Address) **1504 So Grand**

*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 **Bellefontaine** DATE OF BURIAL **Jan 30 1931**

20. UNDERTAKER **Wm L & Co. 2707 1/2 Grand**

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

