

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

Do not use this space.

7865

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis Mo. No. City Hospital #2 St. Ward)

File No.
Registered No. 2234
St. Ward)

2. FULL NAME

MARGARET WILLIAMS
(a) Residence. No. 3679 MARKET St., 18 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-16 1931

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

17. I HEREBY CERTIFY, That I attended deceased from 2/9 to 2/16 1931 that I last saw h. alive on 2/16 1931 and that death occurred, on the date stated above, at 10:45 P.M. am.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-12-1878

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 3 4

LOBAR PNEUMONIA

8. OCCUPATION OF DECEASED

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

10 (duration) yrs. mos. ds.
CONTRIBUTORY UNKNOWN (SECONDARY)
(duration) yrs. mos. ds.

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

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

10. NAME OF FATHER Unknown

DID AN OPERATION PRECEDE DEATH? NO DATE OF

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

WAS THERE AN AUTOPSY? YES

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS? CLINICAL X-RAY

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

(Signed) Henry G. Hampton, M. D.
2/18 1931 (Address) City Hosp. #2

14. INFORMANT A. H. H. Creath (Address) City Hospital #2

*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.

15. FILED Max E. Starckoff REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL First Baptist Church DATE OF BURIAL 2-21-1931

20. UNDERTAKER W. S. Madams ADDRESS 4202 Primay

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.

