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

Do not use this space.

8135

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2508

City St Louis Mo (No. City Hosp #2 St. ..... Ward)

2. FULL NAME Mattie Williams

(a) Residence. No. 1816 Morgan St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Female	Col	Sep.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-13-1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	22	11	24	

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

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

PARENTS

10. NAME OF FATHER Henry William

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

12. MAIDEN NAME OF MOTHER Bertha Sizemore

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

14. INFORMANT A. Gertrude Creath
(Address) City Hosp. #2

15. FILED 25 1931, 19 Max C. Harker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12 1931

17. I HEREBY CERTIFY, That I attended deceased from 1/27/31, 19..., to 2/12/31, 19..., that I last saw her alive on 2/12/31, 19..., and that death occurred, on the date stated above, at 9 45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

1913

1094 (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Sub-acute appendicitis

(duration) ..... yrs. ..... mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? yes DATE OF 1/28/31

WAS THERE AN AUTOPSY? (Appendectomy)

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H H Walker, M. D.

2/16, 1931 (Address) Hosp #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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Louis	1/23 1931

20. UNDERTAKER	ADDRESS
M. Richter	3500 Rutgers

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.