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.

Dr. 8356

File No. 791

Registered No. 2781

1. PLACE OF DEATH

County ..... Registration District No. 1002

Township ..... Primary Registration District No. .....

City St. Louis (No. 5843 Cabanne St. ..... Ward)

2. FULL NAME Walter C. Williams

(a) Residence. No. 5843 Cabanne St., 5 Ward. .....
(Usual place of abode) (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: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nora R. Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: abt 42 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Westport
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Joseph Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Nancy Taplin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Kentucky
(STATE OR COUNTRY)

14. INFORMANT: James Williams
(Address) 5843 Cabanne Ave.

15. FILED ..... 19.. [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-26-1931

17. I HEREBY CERTIFY, That I attended deceased from 2/2, 1931, to 2/26, 1931, that I last saw him alive on 2/23, 1931, and that death occurred, on the date stated above, at 1:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis and Rectal Fistula

23A

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? (1)

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) [signature], M.D.

2/27, 1931 (Address) 2919 Market

*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: Greenwood Cem.
DATE OF BURIAL: 3/3/1931

20. UNDERTAKER: C. W. Roberts
ADDRESS: 3035 Lucas