



# Postal Telegraph-Cable Company

166 WEST VAN BUREN STREET

CHICAGO, ILL.,

April 27, 1931

Mr. Joseph W. Clark  
Funeral Director  
1125 Hodiamont Avenue  
St Louis, Mo.

Dear Sir:

It is necessary to return these death certificates to you for correction, as there are several inaccuracies in them which must be corrected before presentation for insurance collection. I am giving the corrections to be made as follows:

In paragraph 2 - Full name should read  
John T. Williams

In paragraph 5A - Name of his widow is Elizabeth  
Jane Williams (not Mary Williams)

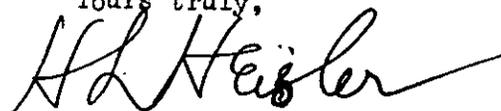
In paragraph 8 - Occupation of deceased  
(a) Equipment Maintainer (not  
engineer)  
Same paragraph (c) name of employer  
is Postal Telegraph-Cable Company  
(not Western Union Tel. Co.)

In the affidavit of certification signed by James  
Stewart, State Registrar of Vital Statistics, Williams  
name should read John T. Williams.

Will you please have these corrections made as promptly as possible and other certificates properly made out and forwarded to me as early as possible?

Mrs. Williams is financially destitute and resources are dependent on collection of insurance and pension, which cannot be granted until corrected certificates are filed with the Insurance Company and the Postal Telegraph-Cable Company.

Yours truly,



Manager Operating Department.

RECEIVED

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County Jefferson Registration District No. 422 File No. \_\_\_\_\_  
 Township Central Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Victoria, Mo. (No. Victoria, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME John T. Williams  
 (a) Residence No. Victoria, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Legal 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 8 27

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) \_\_\_\_\_ 19\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, (that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.  
 \_\_\_\_\_ (duration) yrs. mos. ds.

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

10. NAME OF FATHER Stearling P. Williams

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

12. MAIDEN NAME OF MOTHER Lina Christner

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

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed)....., M. D.  
 , 19\_\_\_\_ (Address)

\*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.

14. Informant Mrs. Elizabeth Jane Williams  
 (Address) Victoria, Mo.

15. FILED 5/7, 1931 D. L. Paugley REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Warrenton, Mo. DATE OF BURIAL Apr 4 1931  
 20. UNDERTAKER Gas. Dr. Clark ADDRESS 1125 Nodiamet Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. PHYSICIANS should fill in amount of cemetery supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY