

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

Do not use this space.

19206

1. PLACE OF DEATH  
 County St. Louis Registration District No. 289  
 Township Central Primary Registration District No. 6033B  
 City Normandy (No. 3609 Oak Mount Ave St.          Ward         )

2. FULL NAME Mathena C. Williams  
 (a) Residence. No. 3609 Oak Mount St.          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.

File No.           
 Registered No. 177

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-13-1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>88</u>	<u>10</u>	<u>10</u>	<u>3</u>	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

10. NAME OF FATHER Edomon Moffitt

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

12. MAIDEN NAME OF MOTHER Mary Baker

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

14. INFORMANT Mo Station Tract  
 (Address) 3609 Oak Mount Ave

15. FILED 5/17 1931 Wella Gray, M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from 4-21 - 1931, to 5-16 - 1931, that I last saw h. et. alive on 5-16, 1931, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Ch. myocarditis  
930  
97  
 (duration) 10 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Arterio sclerosis  
 (duration) 17 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home

19. IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH? no DATE OF         

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings  
(Signed) J. H. Kauter, M. D.  
5-16, 1931 (Address) 7305 N. Howard Bridge

\*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.

18. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park Cem DATE OF BURIAL 5/18 1931

19. UNDERTAKER Combustion and Co ADDRESS 4234 Manchester

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.

JUN 29 1931

