

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

Do not use this space.

30183

File No. _____
Registered No. **9266**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1005**
City **St. Louis Mo.** (No. **City Hosp #2**)

2. FULL NAME **VIOLA WILLIAMS**

(a) Residence, No. **2131 (REAR) DIVISION ST., M** Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred **15** 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

3. SEX FEMALE	4. COLOR OR RACE NEGRO	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF UNKNOWN		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-1889		
7. AGE	YEARS 41	MONTHS 10
	DAYS 9	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LAUNDRESS	
	10. Date deceased last worked at this occupation (month and year) UNKNOWN	11. Total time (years) spent in this occupation UNKNOWN
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALABAMA		
FATHER	13. NAME FRANK SANFORD	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN	
MOTHER	15. MAIDEN NAME UNKNOWN	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN	
17. INFORMANT A. G. CREATH (ADDRESS) CITY HOSP. #2		
18. BURIAL, CREMATION, OR REMOVAL PLACE Father Nickson DATE 9-9-1931		
19. UNDERTAKER W. S. Wade and Co. (ADDRESS) 4262 Fernway Bldg		
20. FILED SEP -2 1931 W. C. Stanton Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-29-1931**

22. I HEREBY CERTIFY, That I attended deceased from **7-15-1931** to **8-29-1931**.
I last saw her alive on **AUG. 29, 1931**. Death is said to have occurred on the date stated above, at **3:15 P.M.**
The principal cause of death and related causes of importance were as follows:
PULMONARY TUBERCULOSIS 2 YRS.
23A

Date of onset _____

Other contributory causes of importance: **23**

Name of operation _____ Date of _____
What test confirmed diagnosis? **X-RAY - L.P.E.** Was there an autopsy? **YES**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) **W. C. Smith**, M. D.
(Address) **City Hosp #2**

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.

