

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

Do not use this space.

36300

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 751
Primary Registration District No. 10455
City Hospital 2

File No.....
Registered No. 10834
St..... Ward)

2. FULL NAME

(a) Residence, No. 22 1/2 N. Channing St., 21 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 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) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-6-1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 10 10

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. rubber
10. Date deceased last worked at this occupation (month and year) 12-1-1931
11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

13. NAME Jake Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Mathie Vaughan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 10-20 1931

19. UNDERTAKER (ADDRESS) Walter Richter, 3506 Rutger St

20. FILED Oct 26 1931 19 Max Odianoff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-6 1931 to 10-16 1931

I last saw him alive on 10-16 1931. Death is said to have occurred on the date stated above, at 4h m.

The principal cause of death and related causes of importance were as follows:

46-3
Adeno-Carcinoma of
stomach (malignant)
1 year
Other contributory causes of importance:
46-3

Name of operation Cholecystectomy Date of 10-16-31
What test confirmed diagnosis? Cholecystectomy Was there an autopsy? no

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 Adeno-Carcinoma (Signed) _____ M. D.
(Address) City Hospital #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.

