

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

Do not use this space.
42853

1. PLACE OF DEATH

County..... Registration District No. 75
Township..... Primary Registration District No. 75
City St. Louis (No. Mo. Pacific Hospital)

File No.
Registered No. 12779
St. Ward)

2. FULL NAME

Willie Richard Williams
(a) Residence, No. St., 17 Ward. Bonne Terre Mo
(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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 10 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Lab.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) 2-26-1931 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Mo

13. NAME Sam W. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeff. County Mo

15. MAIDEN NAME Annie Marshall

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

17. INFORMANT Gora Williams (ADDRESS) Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre Mo DATE 12, 27, 1931

19. UNDERTAKER (ADDRESS) Wm. V. Dever Co.

20. FILED DEC 28 1931 May E. Parker Registrar

MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 6:10 P.M.

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

Shock & Injuries (Fracture of Skull), struck by an automobile (driver unknown) at Bonne Terre, Mo. on 12/26/31, about 7:00 P.M.
Date of onset 2:10 M

Other contributory causes of importance: Stomach

Name of operation 210 Date of.....

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Lunatic Date of injury 12/26, 1931

Where did injury occur? Bonne Terre, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by automobile
Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm V Dever, M. D.
(Address) Coroner

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.

