

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

Do not use this space.

10232

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis 20 (No. City Hospital 2)

File No.....
Registered No. 2251
St..... Ward.....

2. FULL NAME

(a) Residence, No. 1766 Paon St., 22 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 3 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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>abt</u>	<u>47</u>	<u>-</u>	<u>-</u>	<u>-</u>
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. <u>druf 244</u>			
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>		11. Total time (years) spent in this occupation <u>unknown</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-19, 1932, to 3-4, 1932.
I last saw h. h alive on 3-4, 1932. Death is said to have occurred on the date stated above, at 3:03 p.m.
The principal cause of death and related causes of importance were as follows:
54B
Fibro-myoma of uterus
(non malignant)
Other contributory causes of importance:
54B ①

Name of operation..... Date of.....
What test confirmed diagnosis? h. lab. 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.....
(Signed) Henry A. Davidson, M. D.
(Address) City Hospital 2

FATHER	12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ala</u> <u>2</u>
	13. NAME <u>Wyatt Williams</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ala</u>
	15. MAIDEN NAME <u>Ester Mc Calbra</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ala</u>
	17. INFORMANT (ADDRESS) <u>to Betty's death</u>
BURIAL	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park Cemetery</u> DATE <u>3-7-1932</u>
	19. UNDERTAKER (ADDRESS) <u>Peoples' Undertaking Co. 310 Grand Ave. St. Louis</u>
FILED	20. FILED <u>W. C. Starke</u> Registrar

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.

