

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.

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

Do not use this space.

18114

1. PLACE OF DEATH

County Registration District No. **702 1003**
Township Primary Registration District No.
City **St Louis Mo, (No. City Hospital #2)** St. Ward)

File No.
Registered No. **5087**
St. Ward)

2. FULL NAME

Jane Williams
(a) Residence, No. **2031 1/2 Biddle** St., **21** Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
4. COLOR OR RACE **Coe**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **9-17-1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 23

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. **Labourer 237**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **W. Va. 2**

13. NAME **Prince William 8**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **W. Va.**

15. MAIDEN NAME **Francis Marshall**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **W. Va.**

17. INFORMANT **W. Kenneth Coates** (ADDRESS) **City Hospital #2**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis U** DATE **5-12 1932**

19. UNDERTAKER **Walter Richter** (ADDRESS) **3800 Biddle St**

20. FILED **JAY 26 1932** **W. K. Coates** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-10-1932**

22. I HEREBY CERTIFY, That I attended deceased from **5-10 1932** to **5-10 1932**
I last saw him alive on **5-10 1932** Death is said to have occurred on the date stated above, at **12 P. M.**
The principal cause of death and related causes of importance were as follows:

82A
Cerebral Apoplexy Date of onset **1 day**
Other contributory causes of importance: **82A**

Name of operation Date of
What test confirmed diagnosis? **Chol. 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 **None**
(Signed) **W. K. Coates**, M. D.
(Address) **City Hospital #2**

