

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

Do not use this space.

37765

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 3455 Lafayette Ave)

File No.....
Registered No. 10467
St. Ward)

2. FULL NAME

Kate W. Williams
(a) Residence, No. 3455 Lafayette Ave St. 17 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> Cyril Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 20-1860</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>2</u>
		DAYS
		<u>5</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>George D. White</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Elizabeth Spencer</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	17. INFORMANT (ADDRESS) <u>Mary E. Clement 3455 Lafayette Ave</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellevue</u> DATE <u>Nov 28, 1932</u>
	19. UNDERTAKER (ADDRESS) <u>Clement and Co 3125 Lafayette Ave</u>
	20. FILED <u>NOV 26 1932</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1932, to Nov 25, 1932

I last saw her alive on Nov 23, 1932. Death is said to have occurred on the date stated above, at 12:30 P.M.

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

myocarditis (chronic)
Atherosclerosis
Angitis obliterans
non diabetes
gangrene of feet

Date of onset	<u>3</u>
	<u>2</u>
	<u>Nov/32</u>
	<u>Nov 19/32</u>

Other contributory causes of importance:
gangrene of feet

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? No
If so, specify Carl Althaus M. D.
(Signed) 3248 Lafayette Ave.
(Address)

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.

