

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

Do not use this space.

37779

**1. PLACE OF DEATH**

County..... Registration District No. *1009*  
Township..... Primary Registration District No. *1009*  
City..... *St. Louis, Mo. City Hospital #2*..... St. .... Ward)

File No. ....  
Registered No. **10481**  
.....

**2. FULL NAME**

*Joseph Williams*  
(a) Residence, No. *4269 W. St. Ferdinand* 11 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *15* yrs. - mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <i>James R. Williams</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>unknown 1881</i>		
7. AGE YEARS <i>alt. 51</i>	MONTHS -	DAYS -
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>235</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Work</i>	
	10. Date deceased last worked at this occupation (month and year) <i>unk</i>	
11. Total time (years) spent in this occupation <i>unk</i>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>		
MOTHER	13. NAME <i>John Spriggs</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ind</i>	
	15. MAIDEN NAME <i>Lusie Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>New Orleans</i>	
17. INFORMANT (ADDRESS) <i>A. Sutrodey Creath City 24th #2</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park Nov. 26th 1932</i>		
19. UNDERTAKER (ADDRESS) <i>Charles J. Hayes 1107 Broadway</i>		
20. FILED <b>NOV 26 1932</b>		

**3. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-22-1932*

22. I HEREBY CERTIFY, That I attended deceased from *11-22-1932* to *11-22-1932*.  
I last saw him alive on *11-22-1932*. Death is said to have occurred on the date stated above, at *12:30 pm*.  
The principal cause of death and related causes of importance were as follows:  
*186A Pulver Pneumonia*  
*186B*  
*Fracture Right Femur*  
*fall down steps at Oct. 11, 1932*  
Other contributory causes of importance:  
*Fracture Right Femur*  
*fall down steps at Oct. 11, 1932*

Name of operation *the leg* Date of *no*  
What test confirmed diagnosis? *the leg* 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 *11-21-1932*  
Where did injury occur? *St. Louis, Mo.*  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury *Fall down stairs*  
Nature of injury *fractured femur*

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify *Yes*  
(Signed) *Henry G. Donnyer* M. D.  
(Address) *City Hospital*

MARGIN RESERVED FOR BINDER

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.

S. NO. 2

Registrar.

