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.

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

Do not use this space.

3802

1. PLACE OF DEATH

County ..... Registration District No. 7 ... 1003 File No. 760

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis Mo. (No. ....., ... St. ..... Ward)

2. FULL NAME Nellie McNeal Williams

(a) Residence. No. 2608 a Gamble St., 21 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct, 27th, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	37	2	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ==-==

(c) Name of employer -_===

9. BIRTHPLACE (CITY OR TOWN) Salem
(STATE OR COUNTRY) Miss ,

PARENTS

10. NAME OF FATHER Juluis Wells

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oxford
(STATE OR COUNTRY) Miss,

12. MAIDEN NAME OF MOTHER Susie Owes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Salem
(STATE OR COUNTRY) Miss,

14. INFORMANT Austin Williams
(Address) 2608 Gamble St

15. FILED JAN 21 1933 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 18, 1933

17. I HEREBY CERTIFY, That I attended deceased from Nov 6 1932, to Jany 18th, 1933 that I last saw her alive on January 18, 1932, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23 Pulmonary Tuberculosis (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) 23 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) James T. Aldrich, M. D.

19 (Address) St Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park Cem

DATE OF BURIAL 1-23 1933

20. UNDERTAKER Ellis Funeral Home

ADDRESS 2820 Stoddard St