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.

11805

File No.

Registered No. 2888

1. PLACE OF DEATH

County ..... Registration District No. 7911 1003

Township ..... Primary Registration District No. *

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Carrie Williams

(a) Residence, No. 3700 Delmar St., 19 Ward.
(Usual place of abode) (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: Female

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: abt. YEARS 67 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.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundress

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): Missouri

FATHER

13. NAME: Jim Matthews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Leana Howard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): A Gertrude Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Louis U DATE 2-22 1933

19. UNDERTAKER (ADDRESS): Walter Richter 3500 Bulgar St

20. FILED MAR 28 1933 19 Max C Rankin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1933, to 3-19-, 1933

I last saw her alive on 3-19-, 1933. Death is said to have occurred on the date stated above, at 6 P m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance: 93

Name of operation ..... Date of .....

What test confirmed diagnosis? Chr Lab Was there an autopsy?

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) C M Smith, M. D.

(Address) City Hospital #2