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.

38299

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis (No. 2807a Easton Avenue St. ..... Ward)

File No. .....

Registered No. 9944

2. FULL NAME Mary Williams

(a) Residence, No. 2807a Easton Avenue St., 21 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: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1892

7. AGE: YEARS 41 ? 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. Housework

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

MOTHER

15. MAIDEN NAME unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable

17. INFORMANT (ADDRESS) Joe Williams 5267 Lix Ave., S. Kinloch, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Nov. 18, 1933

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue.

20. FILED Nov 18 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1933, to Nov. 9, 1933, 1933

I last saw her alive on Nov. 9, 1933 Death is said to have occurred on the date stated above, at 10:30 A. M.

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

Cancer of the Uterus. Date of onset 1933.

Other contributory causes of importance: Uterine Hemorrhage due to Cancer. 1933.

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

What test confirmed diagnosis? ..... 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) E. Brown, M. D.

(Address) 2605 a Franklin Ave.