

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

Do not use this space.

6887

MAR 24 1934

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City *St. Louis, Mo.* (No. *2945 - Laurton Blvd City, Mo. #2*) (Ward.....)

File No. *1747*

**2. FULL NAME**

(a) Residence, No. *1104 - N - Crofton St.* (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred *12 yrs.* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

1. SEX *Male* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-12-1900*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*33 5 4*

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. *Laborer*  
 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) *Miss*

13. NAME *Will Williams*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

15. MAIDEN NAME *Martha ?*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

17. INFORMANT (ADDRESS) *J. Debeaux 2945 - Laurton Blvd*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Greenwood* DATE *2-20-1934*

19. UNDERTAKER (ADDRESS) *Murrell Undertaking Co 405.9 Huron*

20. FILED 19 *34* *J. Bredeck* Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-15-1934*

22. I HEREBY CERTIFY, That I attended deceased from *12-5-1933*, to *2-15-1934*

I last saw him alive on *2-15-1934* Death is said to have occurred on the date stated above, at *8:30 p.m.*

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

*Pulmonary Tuberculosis* Date of onset *12-5-33*

*23A 24A*

Other contributory causes of importance: *Tubercular Meningitis*

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

What test confirmed diagnosis?..... Was there an autopsy? *Yes.*

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) *Henry Chestnuton* M. D.

(Address) *2945 - Laurton Blvd*

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.

