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.

MAR 24 1934

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

Do not use this space.

File No. 7342

Registered No. 56

1. PLACE OF DEATH

County: St. Louis — Registration District No. 1129

Township: [illegible] — Primary Registration District No. 6245 03

City: Jefferson Barracks, Mo. (No. Veterans' Administration Facility St. Ward) Hosp.

2. FULL NAME James Williams

(a) Residence, No. Carlton Hotel, St. Louis, Mo. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

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

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Approximately 74	Unav.	Unav.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unavailable

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

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unavailable

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool England

FATHER

13. NAME Unavailable

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

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT C. H. SMITH, M.D., Clinical Director
(ADDRESS) Vets. Adm. Fac., Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nat Cem Jeff Bks DATE 2-21 1934

19. UNDERTAKER Guy Mullen
(ADDRESS) 4209 Randolph Blvd

20. FILED 2-21 1934 B. H. Late M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1934, to February 17, 1934
I last saw him alive on February 17, 1934 Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, left lung, both lobes	Unkn.

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Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical & Laboratory Findings 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, 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) V. G. CARLSON, M.D., Manager
(Address) Vets. Adm. Fac., Jeff. Bks., Mo.