

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 661  
Township North Prairie Primary Registration District No. 1862  
City St. Louis (No.         ) St.          Ward         

File No. 25789  
Registered No. 84

**2. FULL NAME**

Thelma Williams  
(a) Residence. No.          St.          Ward           
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED W

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/28/23  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
11 1 8

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work           
(b) General nature of industry, business, or establishment in which employed (or employer)           
(c) Name of employer         

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mo

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Miss

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ark

**14. INFORMANT**

(Address) Thelma Williams  
Carrollville Mo

**15. FILE**

July 9, 1934 Ada Martin REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-8 1934

17. I HEREBY CERTIFY, That I attended deceased from July 1 to July 1, 1934, to July 1, 1934, that I last saw          alive on July 1, 1934, and that death occurred, on the date stated above, at          p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
hepatitis. Duration of disease was from May 20 to July 1 - 1934  
1195 (duration) yrs. 2 mos.          da.

CONTRIBUTORY (SECONDARY) from May 20 to July 1 - 1934  
(duration) yrs.          mos.          da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH?          DATE OF         

WAS THERE AN AUTOPSY?         

WHAT TEST CONFIRMED DIAGNOSIS?         

(Signed) J. R. Adams, M. D.  
July 2, 1934 (Address) Carrollville Mo  
\*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          DATE OF BURIAL 7-2 1934  
        

20. UNDERTAKER          ADDRESS           
        

K. 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.

AUG 15 1934

PARENTS

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OFFICE OF THE ATTORNEY GENERAL  
STATE OF TEXAS  
AUGUST 1, 1900

TO THE HONORABLE THE COMMISSIONERS OF THE GENERAL LAND OFFICE  
DALLAS, TEXAS

REPLY TO YOUR LETTER OF JULY 10, 1900, RELATIVE TO THE  
LANDS BELONGING TO THE STATE OF TEXAS

YOUR LETTER OF JULY 10, 1900, HAS BEEN RECEIVED AND  
THE MATTER IS UNDER CONSIDERATION

VERY TRULY YOURS,  
ATTORNEY GENERAL

BY \_\_\_\_\_

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