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

NOV 13 1934

Do not use this space.

37279

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9671

City St Louis (No. City Hosp #4 St. ..... Ward)

15595

2. FULL NAME Albert Williams

(a) Residence, No. 2008 St Louis St., ... Ward. 20
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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)
M	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20-1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	5	11	

OCCUPATION

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

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

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) Webster City Iowa

FATHER

13. NAME Albert Williams

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

MOTHER

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) Hosp Inf Ft Kent City Hosp #4

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Oct 4, 1934

19. UNDERTAKER (ADDRESS) Math Hermann & Son 2111 E Fries Ave

20. FILED OCT -2 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/18, 1933, to 10-1, 1934

I last saw him alive on 10-1, 1934. Death is said to have occurred on the date stated above, at 2 30 p.m.

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

Date of onset

Pul tuberculosis

23A

155B

Other contributory causes of importance

Paget's disease Left Femur

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

What test confirmed diagnosis? X Ray 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) J Emmet Kelly, M. D.

(Address) City Hosp #4