

NOV 13 1934

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

Do not use this space.

37743

## 1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **42337**) ..... St. ..... Ward

File No. ....  
Registered No. **10194**

## 2. FULL NAME

**Barth P. Williams**  
(a) Residence, No. **42337** ..... St. ..... Ward. (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Caroline M. Williams**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 26 1864**

7. AGE YEARS **69** MONTHS **11** DAYS **22** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **clerk**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Frisco R.R.**  
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) **Calhoun Mo.**

FATHER 13. NAME **Charles Williams**

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

MOTHER 15. MAIDEN NAME **Barbara M<sup>e</sup> Neaf**

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

17. INFORMANT **Mrs. B. P. Williams** (ADDRESS) **42337 Calhoun Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **Oct 22** 19**34**

19. UNDERTAKER **Wagoner Hud. Co.** (ADDRESS) **3421 Glen St. St. Louis 21**

20. FILED **Joe J. Bredek** 19**34** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-18 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 18 9:30 AM** 19**34** to **Oct 18 6:00 PM** 19**34**. I last saw **him** alive on **Oct 18 1934** Death is said to have occurred on the date stated above, at **8** m.

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

**Acute Bronchitis**  
**1066 Asthma**  
**117**

Other contributory causes of importance:  
**Acute Bronchitis**

Name of operation **None** 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**34**

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) **M. E. Skelt** M.D.  
(Address) **430**

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.

