

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.

JAN 5 4 1935

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

Do not use this space.

45217

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 1716 Franklin Ave.) St. Ward)

File No.
Registered No. 12377

2. FULL NAME

Jessie Williams
(a) Residence, No. 1716 Franklin Ave., 25 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17 1890</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>5</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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)
Mo.

13. NAME Ben. Franklin Meade

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
U. S.

15. MAIDEN NAME Barrie Ray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
U. S.

17. INFORMANT John Williams
(ADDRESS) 1716 Franklin Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Dec 31 1934

19. UNDERTAKER H. J. Leidner
(ADDRESS) 1417 St. Mark St.

20. FILED 12-31-1934 Joe J. Bradock
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1932 to Dec 29 1934
I last saw her alive on December 25 1934 Death is said to have occurred on the date stated above, at 12 noon.

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

Mitral Insufficiency Date of onset 3 yrs
Chronic Myocarditis 4 yrs.
Other contributory causes of importance:

Name of operation 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.....
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? NO
If so, specify

(Signed) J. Moore M. D.

(Address) 1336 Franklin

