

FEB 27 1935

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

Do not use this space.

2416

1. PLACE OF DEATH

County Jefferson
Township Levensworth
City St. Louis

Registration District No. 672
Primary Registration District No. 5895

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. H. Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1864
7. AGE YEARS 71 MONTHS - DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Ky (STATE OR COUNTRY)

13. NAME Simon Sanders

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

15. MAIDEN NAME Mary Johnson

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

17. INFORMANT C. R. Gault (ADDRESS) R. J. Sanders

18. BURIAL, CREMATION, OR REMOVAL PLACE Levensworth DATE 1-22 1935

19. UNDERTAKER B. F. Paricer (ADDRESS) 24

20. FILED 1-23 1935 J. T. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1934, to Jan 21 1935

I first saw her alive on Jan 20 1935. Death is said to have occurred on the date stated above, at 8 AM.

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

Chronic interstitial
nephritis
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Other contributory causes of importance:

Senility

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) N. J. Bishop, M. D.

(Address) Bedford Mo

