

JUN 2 8 1935

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

Do not use this space.

18582

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
Township _____ Primary Registration District No. 4470
City University City (No. 7301 Kingsbury Ave St. _____ Ward) _____

2. FULL NAME

Emily P. Williams
(a) Residence, No. 7301 Kingsbury 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Melton F. Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 12, 1856</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>2</u>
	DAYS <u>5</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>at home</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) <u>Illinois</u>		
FATHER	13. NAME <u>Major Stevens</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
MOTHER	15. MAIDEN NAME <u>Mary Harris</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Elizabethton Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Flora Wearson 415 Midway Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Mausoleum</u> DATE <u>May 20, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Wagoner 3621 Olive St.</u>		
20. FILED <u>May 28, 1935</u> <u>Lena D. Moeller</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17th, 1935

22. I HEREBY CERTIFY, That I attended deceased from relax, 1928, to May 17th, 1935
I last saw him alive on May 17th, 1935 Death is said to have occurred on the date stated above, at 12:58 P.M.
The principal cause of death and related cause of importance were as follows:
Arterial Hypertension 1928
ASB
Other contributory causes of importance:
acute indigestion
cardiac decompensation

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? _____
If so, specify arterial hypertension, M. D.
(Signed) _____
(Address) 6635 D. Elmer

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.

