

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

Do not use this space.

OCT 30 1935

1. PLACE OF DEATH

County North
Township North
City St. Louis (No. 113)

Registration District No. 903
Primary Registration District No. 11543

File No. 31703
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1875

7. AGE YEARS 60 MONTHS 3 DAYS 28 If LESS than 1 day, hrs. or min. 11

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

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) Sept. 1935

11. Total time (years) spent in this occupation. 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) Braynsville (STATE OR COUNTRY) Mo.

13. NAME George W. Williams

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

15. MAIDEN NAME Estelle C. Bloss

16. BIRTHPLACE (CITY OR TOWN) Safale (STATE OR COUNTRY) _____

17. INFORMANT George Williams (ADDRESS) Braynsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis DATE 9/12 1935

19. UNDERTAKER Arch C. Dunfee (ADDRESS) St. Louis

20. FILED 10-8, 1935 Red M. M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-9 1935 to 9-9 1935

I last saw him alive on 9-9 1935 Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Arterio Sclerosis
Coronary Occlusion
943

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical findings 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 Nov 1935

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 None

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Geo. M. M.D. M. D.

(Address) St. Louis

