

JAN 19 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City.....  
No.....

Registration District No. 791  
Primary Registration District No. 1003

File No. 41877  
Registered No. 11129  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 2207  
(Usual place of abode)

Frank Williams

St. Chestnut Ward 21  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 1/2 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 Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29-1874

7. AGE YEARS 61 MONTHS 2 DAYS 5  
If LESS than 1 day, ..... hrs. or ..... min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day

10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) 3rd Du Lac  
(STATE OR COUNTRY) Wisconsin

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Joseph W. Reub  
(ADDRESS) City St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis U DATE 12-14-35

19. UNDERTAKER Walter Richter  
(ADDRESS) 3500 Rutger St

20. FILED DEC 30 1935 19 J. D. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/4 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/30 1935 to 12/4 1935

I last saw him alive on 12/4 1935. Death is said to have occurred on the date stated above, at 3:00 pm.

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

Struical Pneumonia  
primary

Other contributory causes of importance: 107a

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.....

(Signed) J. D. Bredeck M. D.

(Address) City St. Joseph

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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

23  
2  
31

