

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

FEB 24 1936

2673

**1. PLACE OF DEATH**

County St Charles Registration District No. 957  
 Township \_\_\_\_\_ Primary Registration District No. 3036  
 City St Charles (No. 1803) Lindenwood St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 5

**2. FULL NAME**

Mrs. Benjamin O. Williams  
 (a) Residence, No. St Charles Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (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**

<b>3. SEX</b>	<b>4. COLOR OR RACE</b>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word)	
<u>Female</u>	<u>White</u>	<u>Married</u>	
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>			
<u>Benjamin Williams</u>			
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b>			
<u>April 28<sup>th</sup> 1899</u>			
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>
	<u>36</u>	<u>8</u>	<u>14</u>
<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b>			
<u>At Home</u>			
<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>			
<u>Ramsay Ill</u>			
<b>13. NAME</b>			
<u>Samuel Williams</u>			
<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>			
<u>Ramsay Ill</u>			
<b>15. MAIDEN NAME</b>			
<u>Dont Know</u>			
<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>			
<u>Dont Know</u>			
<b>17. INFORMANT (ADDRESS)</b>			
<u>Benjamin O. Williams</u> <u>St Charles Mo</u>			
<b>18. BURIAL, CREMATION, OR REMOVAL PLACE</b>			
<u>Ramsay Ill</u> <u>Mount Samuel Cem</u> DATE <u>Jan 15<sup>th</sup> 1936</u>			
<b>19. UNDERTAKER (ADDRESS)</b>			
<u>P. B. DeLaney &amp; Sons Inc</u> <u>500 N. Second St St Charles Mo</u>			
<b>20. FILED</b>			
<u>1/15 1936</u> <u>Clarence B. Meade</u> Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 12<sup>th</sup> 1936

**22. I HEREBY CERTIFY, That I attended deceased from** Oct 11 1933, to Jan 12 1936  
 I last saw her alive on Jan 12 1936 Death is said to have occurred on the date stated above, at 1 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset 1932

**Other contributory causes of importance:**  
none

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

**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) C. B. Meade, M. D.  
 (Address) St Charles

