

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

Do not use this space.

7678

FEB 16 1936

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. Barnes Hospital)
St. Ward)

File No. **1330**
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. N.P. Ward. Charleston Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 41 8 17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Charleston Mo.
13. NAME O. O. Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Mo.
15. MAIDEN NAME Mary L. Langley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah, Ky.
17. INFORMANT Mrs. Mary L. Williams (ADDRESS) RFD #3 Charleston, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Charleston Mo. DATE 2/5

19. UNDERTAKER Albert H. Hoppe Inc (ADDRESS) 429 1/2 Euclid ave
20. FILED FEB 5 1936 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3, 1936
22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1936 to 2-3, 1936
I last saw him alive on 2-3, 1936 Death is said to have occurred on the date stated above, at 9:10 a. m.
The principal cause of death and related causes of importance were as follows:

Coronary Atherosclerosis with
hypertension of liver
Other contributory causes of importance: H. V.

Name of operation none Date of
What test confirmed diagnosis? Physical Exam. Was there an autopsy? Yes
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) John Sedden, M. D.
(Address) 600 S. Kinghighway, St. Louis

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.

