

APR 8 1936

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

Do not use this space.

16899

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *Saint Louis*

(No.....)

Isolation Hospital

St.....

Ward)

## 2. FULL NAME

*Harry Williams*

(Harry Williams)

(a) Residence, No. *1530 Wellston Pl.*St. *N.P.*

Ward.....

*Wellston, Mo.*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *36* yrs. *8* mos. *27* da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mrs Harry Williams</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 4, 1899</i>				
7. AGE	YEARS <i>36</i>	MONTHS <i>8</i>	DAYS <i>27</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>P.W.A.</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Laborer</i>			
	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) *Missouri*13. NAME *Stirling P. Williams*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*15. MAIDEN NAME *Lynna Christines*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*17. INFORMANT *G.E. Rilly* *5600 Arsenal*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Fee Fee Cem.* DATE *April 6/36*19. UNDERTAKER *Jos. W. Clark*(ADDRESS) *1125 Bodiamont Ave.*20. FILED *J.P. Bredeck*

APR 3 1936 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 1, 1936*

22. I HEREBY CERTIFY, That I attended deceased from

*March 29, 1936, to April 1, 1936*I last saw her alive on *April 1, 1936*. Death is saidto have occurred on the date stated above, at *11:40* p.m.

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

*Meningitis, Meningococcus**Bronchopneumonia*

Other contributory causes of importance:

*Bronchopneumonia*Name of operation..... *none* Date of.....What test confirmed diagnosis? *Autopsy* 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?.....

If so, specify.....

(Signed) *Stirling P. Williams*, M. D.

(Address).....

Date of onset

*3-24-36*

JAN 9 1947