

JUL 14 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

24395

1. PLACE OF DEATH

County 2826 Dayton
Township St Louis 190
City St Louis 190

Registration District No. 1003

Primary Registration District No. Butter to 50

File No. _____
Registered No. 6010
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 2826 Dayton St. 21 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Della Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24 1893</u>		
7. AGE	YEARS	MONTHS
<u>43</u>	<u>42</u>	<u>5</u>
	DAYS	IF LESS than 1 day, hrs. or min.
	<u>15</u>	<u>12</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Saboner</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Common</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Hynes County

FATHER 13. NAME Major Williams

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

MOTHER 15. MAIDEN NAME Mrs. Kent

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

17. INFORMANT (ADDRESS)
Edward Williams

18. BURIAL, CREMATION, OR REMOVAL PLACE
Father Dickson

19. UNDERTAKER (ADDRESS)
WOODS UNDCO.

20. FILED JUN 11 1936

J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6/1936

22. I HEREBY CERTIFY, That I attended /deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:50 PM.

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

Cholera
Cholera

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Carroll, M. D.

(Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

X