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.

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

Do not use this space.

36211

OCT 5 1936

1. PLACE OF DEATH ST. MARY'S INFIRMARY

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis, Mo. (No. St. Mary's Infirmary St. ..... Ward)

File No.....

Registered No. 9857

2. FULL NAME Fred Williams

(a) Residence, No. 2228 Delmar 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1907

7. AGE: YEARS 29 | MONTHS 8 | DAYS 16 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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

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) Mississippi

FATHER

13. NAME John Williams

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

MOTHER

15. MAIDEN NAME Clifforda Ford

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

17. INFORMANT (ADDRESS) St. Mary's Infirmary St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest City Cem. DATE Sept 30 1936

19. UNDERTAKER Anchar (ADDRESS) 1027 Washington St.

20. FILED SEP 29 1936 J. H. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1936, to Sept. 25, 1936

I last saw him alive on Sept. 25, 1935. Death is said to have occurred on the date stated above, at 12:25 Pm.

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

| | Date of onset |
|---|---|
| Tbc. Spondylitis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Laminectomy Date of 6-1-36

What test confirmed diagnosis? 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?

If so, specify

(Signed) R. G. Rothwood, M. D.

(Address) St. Mary's Infirmary, St. Louis, Mo.