

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.

JAN 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 1003)

Registration District No. 791
Primary Registration District No. 1003
City Hospital No. 2

46984
File No. 12807
Registered No.
St. Ward

2. FULL NAME Captola Williams

(a) Residence, No. 829 w Carr St. St. 25 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 Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
22 9 14

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

13. NAME Will McDowell

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

15. MAIDEN NAME Mattie ?

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

17. INFORMANT Ruby Perdeau (ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eastwood DATE Dec. 30, 1936

19. UNDERTAKER J. H. Perdeau (ADDRESS) 2945 Lawton Ave.

20. FILED DEC 29 1936 J. H. Perdeau Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26- 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-23- 1936, to 12-26- 1936

I last saw her alive on 12-26- 36 Death is said to have occurred on the date stated above, at 3:55 a. M.

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

Pulmonary Tuberculosis Date of onset 12-23- 36

Other contributory causes of importance: J.B.

Name of operation..... 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?.....
If so, specify.....

(Signed) W. L. Lewis M.D.
(Address) 2945 - Lawton Blvd

