

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

Do not use this space.

1. PLACE OF DEATH

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

FEB 8 1937 791

Registration District No.
Primary Registration District No. 1003

47137

File No.
Registered No. 86
St. Ward)

2. FULL NAME Bennie Williams

(a) Residence, No. 3149 School St. St. 21 Ward. (If nonresident, give city or town and State)

(Usual place of abode)
Length of residence in city or town where death occurred 8 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-27-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 8 3

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

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) St. Louis Mo.

FATHER 13. NAME Decatur Williams

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

MOTHER 15. MAIDEN NAME Nina Davis

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jan 4 1937

19. UNDERTAKER R. S. Houghton Jr
(ADDRESS) 2812 Thornhill St

20. FILED JAN 4 1937 J. Bredbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30- 19 36

22. I HEREBY CERTIFY, That I attended deceased from 12-27- 19 36 to 12-30- 19 36

I last saw him alive on 12-30- 19 36 Death is said to have occurred on the date stated above, at 4:00 P. M.

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

PYOCELLULITIS OF NECK (Date of onset 12-27- 1936)
(Undetermined Origin)

Other contributory causes of importance:

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) [Signature] M. D.
(Address) 2945 Lawton Ave.

WHITE PENCIL, 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.

