

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

FEB 8 1937 791

Registration District No.....
Primary Registration District No.....

3225

File No.....
Registered No.....
St..... Ward.....

2. FULL NAME

HENRY WILLIAMS
(a) Residence, No. *1916 BIDDLE* St., *21* Ward. (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 *COL* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *MARRIED*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 1, 1895*

7. AGE YEARS *41* MONTHS *7* DAYS *1* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *W.P.A 309*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Commander*
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*

FATHER 13. NAME *James Williams*

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

MOTHER 15. MAIDEN NAME *Ramie Doyle*

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

17. INFORMANT *Sallie Willis* (ADDRESS) *1916 Biddle St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father's grave* DATE *Jan 9, 1937*

19. UNDERTAKER *F. Green* (ADDRESS) *2916 Franklin Ave*

20. FILED *JAN 7 1937* *J.P. Bredek* Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician's attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 2, 1937*

22. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....

I last saw him..... alive on 19..... Death is said to have occurred on the date stated above, at *6:00* a.m.

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

Lobar Pneumonia
108
Other contributory causes of importance:
Date of onset

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? *No*

If so, specify.....

(Signed) *Joseph M. Luce* M.D.

(Address) *Deputy Coroner*

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.

