

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.

MAY 7 1937

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1008**

City **St. Louis, Mo.** (No. **Barnes Hosp.**)

File No. **14544**

Registered No. **4040**

St. Ward)

2. FULL NAME **Beet Williams**

(a) Residence, No. **4917 Beacon** St., **7** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Nellie May Williams**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 28 - 1901**

7. AGE YEARS **35** MONTHS **10** DAY **23** If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Monsanto Chem. Co.**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **5 yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **London, England**

13. NAME **James Williams**

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

15. MAIDEN NAME **Emily Jane Clark**

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

17. INFORMANT (ADDRESS) **Nellie May Williams 4917 Beacon**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lake Charles** DATE **Apr. 19 1937**

19. UNDERTAKER (ADDRESS) **Arbman & Barry 1905 Beacon**

20. **APR 16 1937** 19 **J. Predeck** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4 - 14 - 1937**

22. I HEREBY CERTIFY, That I attended deceased from **2 - 27**, 19**37**, to **4 - 14**, 19**37**. Last saw him alive on **4 - 14 - 1937**. Death is said to have occurred on the date stated above, at **2** p. m.

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

**Rheumatic Heart Disease
Cardiac Deкомпensation
Mitral Stenosis
Tricuspid Insufficiency**

Other contributory causes of importance: **92**

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) **A. B. Pullis**, M. D. (Address) **Barnes Hosp.**

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