

AUG - 5 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 (No. 4280W St. Ferdinand)

Registration District No. 791  
Primary Registration District No. 1003

File No. 25625  
Registered No. 6799  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Irene A. Williams

(a) Residence, No. 4280W St. Ferdinand, 11 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
35 6 3 4 11

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

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) Ark.13. NAME Addison Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.15. MAIDEN NAME Mary Jones16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.17. INFORMANT John H. Williams (ADDRESS) 4280W St. Ferdinand St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenwood Cem. DATE 7/18, 193719. UNDERTAKER W. Roberts (ADDRESS) 15 Lucas Ave.20. FILED St. Ferdinand 1937 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9-, 193722. I HEREBY CERTIFY, That I attended deceased from 1-1-, 1937, to 7-9-, 1937I last saw him alive on 7-9-, 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Date of onset

Chronic myocarditis

Other contributory causes of importance:

Hypertensive arteriosclerotic disease

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? N.C.23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1937

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) St. Ferdinand M. D.(Address) St. Ferdinand

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.

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