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.

28710

SEP 10 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 367 North Boyle Ave St. ..... Ward)

File No. .....

Registered No. 7343

2. FULL NAME Henry Mat hews Williams.

(a) Residence, No. 367 No Boyle Ave. St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jane Emery Williams.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26 - 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	4	6	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Dispatch.

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): ENGLAND

FATHER

13. NAME: William G. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

MOTHER

15. MAIDEN NAME: Elizabeth Mat hews.

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

17. INFORMANT (ADDRESS): Mrs. Jessie Williams Lynas 4013 DeTonty St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Bellefontaine Cem. DATE: Aug. 3rd, 1937

19. UNDERTAKER (ADDRESS): C.P. Lupton & Sons. 4449 Olive Street.

20. FILED: AUG 3 - 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/1, 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1936, to July 31, 1937. I last saw him alive on 7/31, 1937. Death is said to have occurred on the date stated above, at 8:30 A. m.

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

	Date of onset
Myocarditis (Senile).	
Angina Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? No.

If so, specify .....

(Signed) John B. Killoran, M. D.

(Address) 5373 Union Blvd

8 9 8 747 896

5373 N. Union
1-3 P.M.
MU-6161

John A. Rodgers
669 S. Delman
CO 2101