

SEP 10 1937

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

Do not use this space.

28864

1. PLACE OF DEATH

County 1 Registration District No. 791
Township 1003 Primary Registration District No. 7497
City 500 S. Kings Highway, St. Louis Childrens Hospital Ward

2. FULL NAME Teddy Donald Williams

(a) Residence, No. NR St. Doe Run, Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF "
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-21-31
7. AGE YEARS 6 MONTHS 1 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year) Child 11. Total time (years) spent in this occupation Child

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doe Run, Mo.

13. NAME Ted WILLIAMS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doe Run, Mo.

15. MAIDEN NAME Mazie TRIPPLETT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elvins, Mo.

17. INFORMANT J. Mc Elvin (ADDRESS) 500 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE Doe Run, Mo. DATE Aug 8, 1937

19. UNDERTAKER Robert H. Home (ADDRESS) 429 N. Euclid

20. FILED AUG 8 1937 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6-37 .19

22. I HEREBY CERTIFY, That I attended deceased from 8-2-37, 19, to 8-6-37, 19. I last saw h.i.m. alive on 8-6-37, 19. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:
Lung Abscess, Rt. port. 1. 15
cause of unknown

Other contributory causes of importance:
114
Name of operation 114 Date of 114
What test confirmed diagnosis? 114 Was there an autopsy? 114

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 114 Date of injury 114
Where did injury occur? 114 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 114
Nature of injury 114

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 114
(Signed) E. L. Lewis, Jr. M. D.
(Address) 500 S. Kings Highway

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.

