

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 10 1937

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. 1003 Thomas Phillips Hospital St. _____ Ward)

File No. 28970
Registered No. 7603

2. FULL NAME

Mrs. Ossie Williams
(a) Residence, No. 3863 West Pine St., 19 Ward.
(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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 40 - - - - -
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. Unknown
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) Louisiana

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) John Williams
3863 West Pine

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Aug 11, 1937
19. UNDERTAKER (ADDRESS) W. C. Gordon
2644-27 Delmar

20. FILED AUG 11 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6, 1937
22. I HEREBY CERTIFY, That I attended deceased from 11-26-, 1937, to 5-1-, 1937
I last saw h.e.r. alive on 5-1-, 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:

Acute myocarditis
Acute Bright's Disease
Arterial Hypertension
Cause of acute myocarditis unknown probably tachycardia

Other contributory causes of importance:
Arterial Hypertension
Thrombo-embolic circulation 1-2-37
Passive congestion liver & extremities
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Marrigott Morrison, M.D.
(Address) 607 N. Grand Ave., St. L.

Date of onset Sept. 1936
" " ?

899

