

SEP 10 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

9

Registration District No.

Primary Registration District No.

(No.)

Ev Route Home Phillip St.

791

1003

29132

File No.

Registered No.

7765

Ward)

2. FULL NAME

William H. Williams - alias Sonny Butler

(a) Residence, No.

(Usual place of abode)

1233 9th St

St.,

25

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

Male

4. COLOR OR RACE

Col

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

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

CARRIE WILLIAMS

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

ABT 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

27

ABT 57

OCCUPATION

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

JANITOR

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

APARTMENT

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)

MO

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)

CARRIE WILLIAMS 811 N. 19th St

18. BURIAL, CREMATION, OR REMOVAL PLACE

WASHINGTON PARK 8-18 1937

19. UNDERTAKER (ADDRESS)

R.M.C. GREEN 3517 MACLEDE AVE

20. FILED

45 13 1937

Registrar.

No Physical Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13 1937

22. I HEREBY CERTIFY, That I attended deceased from

19... to... 19...

I last saw him alive on... 19... Death is said

to have occurred on the date stated above, at... m.

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

Chronic Degenerative

Chronic Parenchymatous

Other contributory causes of importance:

Hepatitis

Name of operation

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?

If so, specify

(Signed) Joseph M. Green, M.D.

(Address) 3517 Maclede Ave

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.

27

8 35

1

31

3

NO

For affidavit see misc file #34-1937