

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.

NOV 15 1937

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

35747
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital B.1** Registered No. **9324**
(e) Length of residence in city or town where death occurred yrs. **5** mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. **9553** **James Williams**

2. PRINT FULL NAME

(a) Residence, No. **2500 North Garrison St.** **20** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/4/37** 19**37**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Vada Williams**

22. I, **HERBY CERTIFY**, That I attended deceased from **9/30/37** 19**37** to **10/4/37** 19**37**.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 22 1875**

I last saw h..... alive on **10/4/37** 19**37**. Death is said to have occurred on the date stated above, at **9:30 a.m.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 **11**

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
9. Industry or business in which work was done, as saw mill, bank, etc. **Saw Mill**
10. Date deceased last worked at this occupation (month and year) **1931** 11. Total time (years) spent in this occupation **40 yrs.**

Hemorrhage into Cerebrum
Bronchopneumonia
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ironton County Missouri**

Other contributory causes of importance:
Bronchopneumonia

13. NAME **George Williams**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Texas**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **No**

15. MAIDEN NAME **Frances Crocker**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **Ruscoe Williams** (ADDRESS) **4226 W. Evans Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Goodwater Mo.** DATE **Oct. 6, 1937**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.** (ADDRESS) **429 N. Duclid**

20. FILED **OCT 5 1937** **J. Bredick** Local Registrar

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) **Herby** M. D. (Address) **City Hospital B.1**

STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Benj. C. Duncan

Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)