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

REC'D AUG 12 19

791
1008

Do not use this space.

23471

File No. 6165
Registered No.

1. PLACE OF DEATH

County
Township
Registration District No.
Primary Registration District No.
City St. Louis (No. 3017 Rutger St. Ward)

2. FULL NAME Jesse Williams 452

(a) Residence, No. 3017 Rutger St., 18 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 6 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-24-38

7. AGE: Years —; Months 6; Days; If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

FATHER

13. NAME ~~Jas~~ Mashom Williams
14. BIRTHPLACE (CITY OR TOWN) Maben, Miss.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME ~~Geo~~ Mozella McLemore
16. BIRTHPLACE (CITY OR TOWN) St Louis, Mo.
(STATE OR COUNTRY)

17. INFORMANT Mashom Williams
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Missouri DATE 6-24 19 8

19. UNDERTAKER St Louis Funeral Home
(ADDRESS)

20. FILED JUL 11 1938 19 J. D. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24 19 8

22. I HEREBY CERTIFY, That I attended deceased from 6-24 19 8, to 6-24 19 8

I last saw him alive on June 24 19 8. Death is said to have occurred on the date stated above, at 12:30 P.m.

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

	Date of onset
Premature Birth STILLBORN	6-24-38
LUETIC MOTHER	

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?
If so, specify

(Signed) G. A. Mitchell, M. D.
(Address) 1325 S. Grand

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