

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

Do not use this space.

6863

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No. City Hospital #2)

File No.....

Registered No. 3131

St. Ward)

2. FULL NAME

(a) Residence. No. 2135 Randolph. 22nd Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male | Negro | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-6-1882

7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

44 | 9 | 22 | - |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Cook.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Florida

10. NAME OF FATHER

Thomas Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Fla.

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Fla.

14. INFORMANT

(Address) Anna F. Woodard
City Hospital #2

15. FILED: R 31 1927
19. Registrar: Maud Starvo

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-28-1927

17. I HEREBY CERTIFY That I attended deceased from February 3rd 1927, to February 28th 1927 that I last saw him alive on February 28th 1927, and that death occurred, on the date stated above, at 2:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute
osteomyelitis of mandible
15 1/2 yrs. 25 da.

CONTRIBUTORY (SECONDARY)

1550A
(duration) yrs. 15 mos. 5 da.

18. WHERE WAS DISEASE CONTINUED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-9-1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) J. J. Thomas, M. D.

Address: City Hospital #2

State the DISEASE CAUSING DEATH, if in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Louis 2/27/27

20. UNDERTAKER

ADDRESS

W. J. Richter 300 Rutledge

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.

DEPARTMENT RECORD

