

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

Do not use this space.

10831

**1. PLACE OF DEATH**

County..... Registration District No..... 791  
 Township..... Primary Registration District No..... 1003  
 City St. Louis, Mo. (No. Step..... Armed.....) St. (41) Ward.....  
 Registered No. 2652

**2. FULL NAME**

Mary Louise Williams  
 (a) Residence. No. 722 N. Compton St. 21 Ward.....  
 (Usual place of abode) (If nonresident give city or town and State)  
 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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13 - 1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	5	9	22	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

10. NAME OF FATHER James Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Paris, Texas  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lucille Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lefort, Texas  
 (STATE OR COUNTRY)

14. INFORMANT James Williams (Father)  
 (Address) 722 N. Compton St.

15. FILED MAR -9 1928 Mable Starvo REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6 1928

17. I HEREBY CERTIFY That I signed deceased from Mar 5 1928 to Mar 6 1928  
 that I last saw her alive on Mar 6 1928 and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diphtheria, Pharyngeal & Neck Cellulitis of Neck

CONTRIBUTORY (SECONDARY) Hemorrhages from Nose  
 (duration) 10 yrs. 0 mos. 8 da.

18. WHERE WAS DISEASE CONTRACTED 1028  
 NOT AT PLACE OF DEATH? 722 N. Compton

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF.....  
 WAS THERE AN AUTOPSY? no.  
 WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory  
 (Signed) Joseph Garrison, M. D.  
 (Address) ISOLATION HOSPITAL

\*State the DISEASE CAUSING DEATH, or 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 Greenwood DATE OF BURIAL 3-9 1928

20. UNDERTAKER A. S. Walton ADDRESS 2701 Stoddard

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.

