

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

Do not use this space.

11384

**1. PLACE OF BIRTH**

County St. Louis

Registration District No. 791

1003

Township

Primary Registration District No.

City St. Louis (No. ....)

File No. ....

Registered No. 3225

St. ....

Ward) ....

**2. FULL NAME**

(a) Residence. No. 1203a S. Cardinal Ave. Ward 17  
(Usual place of abode)

(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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 17, 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
26 0 1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. House Work  
(b) General nature of industry, business, or establishment in which employed (or employer). at 5939 Presley  
(c) Name of employer Mrs. Winster

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Miss.

10. NAME OF FATHER Silas Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Miss.

12. MAIDEN NAME OF MOTHER Ada McHenry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Miss.

14. INFORMANT X Annie Lee Williams  
(Address) 5726 S. Clark Ave

15. FILED 11 24 1928  
19 May C Starker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/18 19 28

17. I HEREBY CERTIFY That I attended deceased from 3/17 to 3/18 1928 that I last saw her alive on 3/17, 1928, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis  
23A

(duration) 6 yrs. 0 mos. 0 da.  
CONTRIBUTORY (SECONDARY) 31  
(duration) 0 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: .....  
DID AN OPERATION PRECEDE DEATH? No DATE OF .....  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) D. J. E. H. Taylor M. D.  
(Address) 3136 Charlotte  
\*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 Washington Park DATE OF BURIAL 3/20 19 28

20. UNDERTAKER W. J. Green ADDRESS 3517 Soledad

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.

RECORD

