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

Do not use this space.

43654

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 220

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

2. FULL NAME James Williams

(a) Residence (Usual place of abode) No. 2513 Belle Glade St., 21 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 0 mos. 0 ds. 0 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: abt. 46 Years | Months: 0 | Days: 0 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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): Snow Hill Ala

PARENTS

10. NAME OF FATHER: Williams Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Snow Hill Ala.
12. MAIDEN NAME OF MOTHER: Catherine Snow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Snow Hill Ala.

14. INFORMANT: Ruth Jodkins
(Address) 713 N. Jefferson Ave

15. FILED JAN -5 1929 19 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1928, to Dec 25, 1928 that I last saw him alive on Dec 25, 1928, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor Pneumonia
108
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 101 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

(C) DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Dr N.W. Ames, M.D.

Dec 25, 1928 (Address) 607 N. Grand

*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: 1/6 1929

20. UNDERTAKER: J.C. Thomas Co. | ADDRESS 3111 Laclede

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.