

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp. *St. Louis No.* Primary Registration District No. **1008** File No. **27087**
 City *St. Louis Mo.* (No. *Sanitarium*) Registered No. **8296** St. _____ Ward)

2. FULL NAME *Mary Williams*

(a) Residence, No. *1013* *High* St. *13* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *20* 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 *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Separated*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 26, 1886*

7. AGE	YEARS	MONTHS	Days	If LESS than 1 day, hrs. or min.
	<i>45</i>	<i>1</i>	<i>27</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Washerwoman*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Unknown*

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Desark Arkansas*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *South Carolina*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *South Carolina*

17. INFORMANT (ADDRESS) *Hubert P. Smith 5400 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Louis* DATE *7/20* 19*31*

19. UNDERTAKER (ADDRESS) *W. Richter 3333 Ridge*

20. FILED *JUL 30 1931* *M. C. Stankin* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 23, 1931*

22. I HEREBY CERTIFY, That I attended deceased from *July 12th* 19*30*, to *July 23* 19*31*
 I last saw her alive on *July 26th* 19*31*. Death is said to have occurred on the date stated above, at *1:30* A.M.

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

Aortic Aneurysm (Ruptured) Date of onset *2 yrs*
3 1/2
96
 Other contributory causes of importance: *Lues* *3 4* *1921*

Name of operation _____ Date of _____
 What test confirmed diagnosis? *Clin. Lab.* Was there an autopsy? _____

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) *Hubert P. Smith* M. D.
 (Address) *5400 Arsenal St.*

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.

