WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

33969

1. PLACE OF DEATH

County: ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9314

City ST. Louis (No. 500 S. Kingshighway St. Louis Children's Hosp. St. ..... Ward)

2. FULL NAME Elehue Williams

(a) Residence, No. 4230 Aldine St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 16 ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| M. | Col. | Child |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-3-32

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 2 | 16 | |

OCCUPATION

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

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

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

Child

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. Louis Mo 1

FATHER

13. NAME Elehue Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. 21

MOTHER

15. MAIDEN NAME Rachel Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT J. McIlvin
(ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 10-21, 1932

19. UNDERTAKER Demerle-son
(ADDRESS) 2700 Wash St.

20. FILED OCT 20 1932 Max C. Parker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-19-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-18-32, 19..., to 10-19-32, 19...

I last saw him alive on 10-19-32, 19..... Death is said to have occurred on the date stated above, at 12:05 A.m.

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

| | Date of onset |
|---|---|
| Enteritis, Acute | 10-15-32 |
| 22B 19B 22B | |
| Other contributory causes of importance: | |
| Ileus, ~~[illegible]~~, terminal | 6-7 hrs |
| 2 1 | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) A. C. Taylor, M. D.

(Address) 500 S. Kingshighway