

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

Do not use this space.

37991

1. PLACE OF DEATH

County
Township
City St. Louis Mo.

Registration District No. 791
Primary Registration District No. 10003
(No. St. Louis Nat. Hosp.)

File No.
Registered No. 11105
St. Ward

2. FULL NAME

Baby Williams
(a) Residence, No. 3740 Marone St., 24 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/28/32

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

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 _____

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

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) 31

15. MAIDEN NAME Wanda Williams

16. BIRTHPLACE (CITY OR TOWN) Marion, Ill. (STATE OR COUNTRY) _____

17. INFORMANT Wanda J. Williams (ADDRESS) 3740 Marone

18. BURIAL, CREMATION, OR REMOVAL PLACE Assigned as DATE 11-30-1932

19. UNDERTAKER Specimen to Washington (ADDRESS) Blund. Med. School

20. FILED DEC 14 1932 Max E. Harkley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Prematurely Date of onset _____

Other contributory causes of importance: 159 159

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) W. J. Williams, M. D.
(Address) 630 S. Kingshighway

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.

MARGIN RESERVED FOR BINDING

V. 57 NO. 2.

