

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

Do not use this space.

7145

MAR 24 1934

1. PLACE OF DEATH

County.....
Township.....
City, St. Louis (No. City Hospital # 2)

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **2027** (St. Ward)

2. FULL NAME Jerry Williams

(a) Residence No. 1608 Chestnut St. 25 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. 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) Sue Willie Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3.5. 1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>33</u>	<u>11</u>	<u>25</u>	

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

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) (STATE OR COUNTRY) Brooksville Miss

13. NAME Befa Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookville Miss

15. MAIDEN NAME Sarah Baldwin

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

17. INFORMANT (ADDRESS) John Williams 2603 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookville Miss 2/28, 1934

19. UNDERTAKER (ADDRESS) Wm C. McLowell 3044 Franklin Ave

20. FILED FEB 26 1934 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1934

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 1:45 p.m.

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

173
Shot wound of abdomen
Homicide

Other contributory causes of importance:

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? None Date of injury 2/24, 1934

Where did injury occur? Shot wound, Pubic Place (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Shot by person
Nature of injury Shot wound of abdomen

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) J. Bredeck M.D.
(Address) St. Louis

2/27/34

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.

OCCUPATION
FATHER
MOTHER

