

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.

NOV 13 1934

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. **1791**
Township _____ Primary Registration District No. **1003**
City *St. Louis* (No. *St. Mary's Infirmary*) St. _____ Ward _____

34740

File No. _____
Registered No. **9604**

2. FULL NAME

Sherman Alexander Williams
(a) Residence, No. *6113* *Clouess* St., _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred *18* yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Emily Williams</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Apr. 30 - 1902</i>		
7. AGE	YEARS <i>32</i>	MONTHS <i>5</i>
	DAYS <i>-</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<i>184</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<i>120</i>
	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) <i>Pickens Miss</i>		
FATHER	13. NAME <i>Unknown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
	15. MAIDEN NAME <i>Elona Robinson</i>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
	17. INFORMANT <i>Emily Williams</i> (ADDRESS) <i>St. Louis Mo</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Restus no</i> DATE <i>10/2</i> 1934		
19. UNDERTAKER <i>Hughes Co</i> (ADDRESS) <i>St. Louis Mo</i>		
20. FILED OCT -1 1934 <i>J. Brebeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 30 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 _____ h. _____ m.

The principal cause of death and related causes of importance were as follows:
Guns hot wound of Abdomen, general peritonitis from perforated Intestines, died when a shotgun he was carrying was accidentally discharged while hunting near Hematite, Mo. about 10:00 A. M., Sept. 29, 1934.

Other contributory causes of importance:
Accident

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 *9-29 1934*
Where did injury occur? *Hematite, Mo.*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Pub. Place

Manner of injury *Guns hot wound*
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. Brebeck*
(Address) *St. Louis, Mo*

