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.

24560

AUG 9 1935

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2209 R Franklin St. ..... Ward)

File No. .....

Registered No. 5946

2. FULL NAME Sam Williams

(a) Residence, No. 2209 R Franklin St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mail

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-27-1912

7. AGE: YEARS 23 ~~24~~ MONTHS 1 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) 6-15-1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West point miss

FATHER

13. NAME James Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Briar point miss

MOTHER

15. MAIDEN NAME Adline Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West point miss

17. INFORMANT (ADDRESS) Adline Taylor 2209 R. Franklin ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 7-12 1935

19. UNDERTAKER (ADDRESS) Alexander Thomas 2632 Lucas ave.

20. FILED JUL 12 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1934, to July 5, 1935

I last saw him alive on June 3, 1935. Death is said to have occurred on the date stated above, at 2 P.m.

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

	Date of onset
Pul. Tuberculosis	
	XI-26 34

Other contributory causes of importance:

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

What test confirmed diagnosis? Clinical 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? No

If so, specify .....

(Signed) Vincent J Muellen M.D.

(Address) 2335 Franklin