FEB 24 1936

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

Do not use this space.

2756

File No.
Registered No. 3

1. PLACE OF DEATH
County St. Louis
Township ~~St. Louis~~ Ferguson Town
Registration District No. 333
Primary Registration District No. 4468
City Florissant (No. St. Antoine + Clark St. Ward)

2. FULL NAME Hoyt J. William
(a) Residence, No. St. Antoine + Clark St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1919

7. AGE: Years 16 | Months 8 | Days 2.- | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.
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) Washington Iowa.

FATHER
13. NAME Jerome Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas.

MOTHER
15. MAIDEN NAME Gladys Varner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Mrs Gladys Lathimore
(ADDRESS) Florissant Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem DATE Jan 9 1936

19. UNDERTAKER Shepard Funeral Home
(ADDRESS) 1167-69 Hamilton Ave

20. FILED 1/8 1936 W. A. Zeidler Registrar.
Per L. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1936, to Jan. 7, 1936
I last saw him alive on Jan. 6, 1936. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia involving entire left lung	1-1-36

Other contributory causes of importance:
none

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) J. J. Williamson, M. D.
(Address) Florissant Mo.

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2
100M-11-24-33

Dr. [illegible]