FEB 11 1936

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

Do not use this space.

3459

File No.

Registered No. 692

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City Saint Louis (No. 4233 W. Maffitt Avenue St. Ward)

2. FULL NAME Dora Williams

(a) Residence, No. 4233 W. Maffitt Avenue St. // Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Negro	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9th, 1901

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
34	9	6	

OCCUPATION

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

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) December 1935

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrolton Mississippi

FATHER

13. NAME Mack McCain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrolton Mississippi

MOTHER

15. MAIDEN NAME Florence Reddick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrolton Mississippi

17. INFORMANT George Williams
(ADDRESS) 4233 W. Maffitt Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Jan. 19, 1936

19. UNDERTAKER Charles J. Yates
(ADDRESS) 4107 Finney Avenue

20. FILED JAN 19 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1935 to January 15th, 1936

I last saw her alive on January 15th, 1936 Death is said to have occurred on the date stated above, at 5:10 P.M.

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

	Date of onset
Acute Capillary Bronchitis	12/31 1935

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Other contributory causes of importance:
Exposure to cold

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? XXXX 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) Oscar William Johnson M. D.
(Address) 1046a North Vandeventer Ave.

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.