

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

Do not use this space.

SEP 25 1937

31853

1. PLACE OF DEATH

County Saint Louis

Registration District No. 1123

Township

Primary Registration District No. 6248B

City Jefferson Barracks (No. V.A. 7)

File No. 31853
 Registered No. 374
 St. _____ Ward _____

2. FULL NAME Thomas J. Williams

(a) Residence, No. 3304a Delmar Avenue St. _____ Ward. Saint Louis, Missouri.
 (Usual place of abode)

Length of residence in city or town where death occurred Unkn. 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 (common-law)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Lrs. Minnie Williams (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 14, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 10 25

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not known

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) New Orleans (STATE OR COUNTRY) Louisiana

13. NAME John Williams

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Mississippi

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Not known

17. INFORMANT Clinical Clerk M. Schelleg (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks DATE Sept 15 1937

19. UNDERTAKER Jas. H. Randle & Son (ADDRESS) 920 N. Leonard Ave

20. FILED Sept 13, 1937 G. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 9, 1937

I HEREBY CERTIFY, That I attended deceased from August 27, 1937, to September 9, 1937

I last saw him alive on September 9, 1937. Death is said to have occurred on the date stated above, at 4:00 P.m.

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

Tuberculosis, pulmonary, chronic Date of onset Unkn.

Other contributory causes of importance: Acute Military Tuberculosis. Unkn.

Name of operation None Date _____
 Phy. clinical mani. and laboratory _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify Asst. Surgeon
 (Signed) C. M. HUGHES, Chief Med. Officer M. D.
 (Address) VAF Jefferson Barracks, Mo.

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.

910-03 11 11
5009 4000-01