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

PLACE OF DEATH

County Buchanan

Township ..... Registration District No. 85 File No. 225

or

Village ..... Primary Registration District No. 1001 Registered No. 30

or

City St Joseph (NO. Sisters Hospital 10 & Powell St.; ..... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME William Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
male	negro.	Married

DATE OF BIRTH Dec 25, 1884 (Month) (Day) (Year)

AGE 28 yrs. 0 mos. 11 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Teamster
(b) General nature of industry, business, or establishment in which employed (or employer) Teamster

BIRTHPLACE (City or town, State or foreign country) Kansas

PARENTS
NAME OF FATHER John Williams
BIRTHPLACE OF FATHER (City or town, State or foreign country) Weston Mo.
MAIDEN NAME OF MOTHER Unknown
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Lula Gray

(ADDRESS) 808 N 4th St

Filed Jan 9, 1913 W E Harrington REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 6th, 1913 (Month) (Day) (Year)

I HEREBY CERTIFY, that I ~~attended~~ Viewed deceased ~~from~~ on Jan. 7, 1913, to ——, 191__, that ~~I last saw h~~ ~~alive on~~ ——, ~~191~~__, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

212 F
212 M (Duration) ___ yrs. ___ mos. 2 ds.

111 B Contributory (SECONDARY) Accidental Fracture Spinal Column (Duration) ___ yrs. ___ mos. 11 ds.

(Signed) Thos. J. Lynch M. D.

Jan. 7 1912 (Address) 8th & Felix. Coroner

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. 4 ds. In the State 20 yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? 6th & Hall (accident)

Former or usual residence St Joseph Mo

PLACE OF BURIAL OR REMOVAL City Cemetery. DATE OF BURIAL Jan 9 1912

UNDERTAKER I F Ramsey Co ADDRESS 9th & Olive

NOTE—THIS ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Revised U. S. Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory. The* material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia*," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

...—Every item of information should be carefully supplied. AGE should be stated EXACTLY ... AYSIGNS should state ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DOCUMENT ... Consultant.

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH

County: Buchanan

Township: ____ or Village: ____ or City: St. Joseph (NO. Sisters Hospital 10 + Powell St.; Ward)

Registration District No. 85 — File No. ____

Primary Registration District No. 1001 — Registered No. 30

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME William Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR OR RACE: negro

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): married

DATE OF BIRTH: Dec. 25, 1884 (Month) (Day) (Year)

AGE: 28 yrs. ____ mos. 11 ds. — If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work: Teamster

(b) General nature of industry, business, or establishment in which employed (or employer): ____

BIRTHPLACE (City or town, State or foreign country): Kansas

PARENTS

NAME OF FATHER: John Williams

BIRTHPLACE OF FATHER (City or town, State or foreign country): Weston, Mo

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Lula Gray

(ADDRESS) 808 N. 4th St.

Filed Mch 10, 1913 W E Harrington REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 6, 1913 (Month) (Day) (Year)

I HEREBY CERTIFY, that I ~~attended~~ viewed deceased from Jan. 7, 1913, to ____, 191__, that I last saw h____ alive on ____, 191__, and that death occurred, on the date stated above, at 11.50 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

Fell from delivery wagon

(Duration) ____ yrs. ____ mos. 2 ds.

Contributory (SECONDARY) accidental fracture spinal column

(Duration) ____ yrs. ____ mos. 8 ds.

(Signed) Thos. J. Lynch M. D. Coroner

Jan. 7, 1913 (Address) 8th + Felix

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? ____

Former or usual residence ____

PLACE OF BURIAL OR REMOVAL: City Cemetery

DATE OF BURIAL: Jan. 9, 1913

UNDERTAKER: J. T. Ramsey Co.

ADDRESS: 9th + Oliva

SUPPLEMENTARY

Original file, date JAN 1913

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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