

1 PLACE OF DEATH

County Jackson

Township

Village

City Blue Springs Mo.

4963-aa

Registration District No. 395Primary Registration District No. 4232File No. 5-4963-aaRegistered No. 11

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Arranda A Williams

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED widow
(If wife the word)6 DATE OF BIRTH Aug 17 1838
(Month) (Day) (Year)7 AGE 79 yrs 5 mos 20 da. If LESS than 1 day, hrs. or min.?8 OCCUPATION (a) Trade, profession, or particular kind of work V 59
(b) General nature of industry business, or establishment in which employed (or employer)9 BIRTHPLACE (City or town, State or foreign country) Missouri JacksonPARENTS
10 NAME OF FATHER Joseph Gibson
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky
12 MAIDEN NAME OF MOTHER N. aden
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Rufus Williams
(Address) Blue Springs Mo15 Filed April 14 1918 W. H. Rowe
RegistrarMISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 6 1918
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Jan 1 - 1918 to Feb 6 1918
that I last saw h. 6 alive on Jan 6 1918
and that death occurred, on the date stated above, at 10:35 p.m.

The CAUSE OF DEATH* was as follows:

Chorea
4 6 8 11 14 17 20 23 26 29 32 35 38 41 44 47 50 53 56 59 62 65 68 71 74 77 80 83 86 89 92 95 98 101 104 107 110 113 116 119 122 125 128 131 134 137 140 143 146 149 152 155 158 161 164 167 170 173 176 179 182 185 188 191 194 197 200 203 206 209 212 215 218 221 224 227 230 233 236 239 242 245 248 251 254 257 260 263 266 269 272 275 278 281 284 287 290 293 296 299 302 305 308 311 314 317 320 323 326 329 332 335 338 341 344 347 350 353 356 359 362 365 368 371 374 377 380 383 386 389 392 395 398 401 404 407 410 413 416 419 422 425 428 431 434 437 440 443 446 449 452 455 458 461 464 467 470 473 476 479 482 485 488 491 494 497 500 503 506 509 512 515 518 521 524 527 530 533 536 539 542 545 548 551 554 557 560 563 566 569 572 575 578 581 584 587 590 593 596 599 602 605 608 611 614 617 620 623 626 629 632 635 638 641 644 647 650 653 656 659 662 665 668 671 674 677 680 683 686 689 692 695 698 701 704 707 710 713 716 719 722 725 728 731 734 737 740 743 746 749 752 755 758 761 764 767 770 773 776 779 782 785 788 791 794 797 800 803 806 809 812 815 818 821 824 827 830 833 836 839 842 845 848 851 854 857 860 863 866 869 872 875 878 881 884 887 890 893 896 899 902 905 908 911 914 917 920 923 926 929 932 935 938 941 944 947 950 953 956 959 962 965 968 971 974 977 980 983 986 989 992 995 998 1001 1004 1007 1010 1013 1016 1019 1022 1025 1028 1031 1034 1037 1040 1043 1046 1049 1052 1055 1058 1061 1064 1067 1070 1073 1076 1079 1082 1085 1088 1091 1094 1097 1100 1103 1106 1109 1112 1115 1118 1121 1124 1127 1130 1133 1136 1139 1142 1145 1148 1151 1154 1157 1160 1163 1166 1169 1172 1175 1178 1181 1184 1187 1190 1193 1196 1199 1202 1205 1208 1211 1214 1217 1220 1223 1226 1229 1232 1235 1238 1241 1244 1247 1250 1253 1256 1259 1262 1265 1268 1271 1274 1277 1280 1283 1286 1289 1292 1295 1298 1301 1304 1307 1310 1313 1316 1319 1322 1325 1328 1331 1334 1337 1340 1343 1346 1349 1352 1355 1358 1361 1364 1367 1370 1373 1376 1379 1382 1385 1388 1391 1394 1397 1400 1403 1406 1409 1412 1415 1418 1421 1424 1427 1430 1433 1436 1439 1442 1445 1448 1451 1454 1457 1460 1463 1466 1469 1472 1475 1478 1481 1484 1487 1490 1493 1496 1499 1502 1505 1508 1511 1514 1517 1520 1523 1526 1529 1532 1535 1538 1541 1544 1547 1550 1553 1556 1559 1562 1565 1568 1571 1574 1577 1580 1583 1586 1589 1592 1595 1598 1601 1604 1607 1610 1613 1616 1619 1622 1625 1628 1631 1634 1637 1640 1643 1646 1649 1652 1655 1658 1661 1664 1667 1670 1673 1676 1679 1682 1685 1688 1691 1694 1697 1700 1703 1706 1709 1712 1715 1718 1721 1724 1727 1730 1733 1736 1739 1742 1745 1748 1751 1754 1757 1760 1763 1766 1769 1772 1775 1778 1781 1784 1787 1790 1793 1796 1799 1802 1805 1808 1811 1814 1817 1820 1823 1826 1829 1832 1835 1838 1841 1844 1847 1850 1853 1856 1859 1862 1865 1868 1871 1874 1877 1880 1883 1886 1889 1892 1895 1898 1901 1904 1907 1910 1913 1916 1919 1922 1925 1928 1931 1934 1937 1940 1943 1946 1949 1952 1955 1958 1961 1964 1967 1970 1973 1976 1979 1982 1985 1988 1991 1994 1997 2000 2003 2006 2009 2012 2015 2018 2021 2024 2027 2030 2033 2036 2039 2042 2045 2048 2051 2054 2057 2060 2063 2066 2069 2072 2075 2078 2081 2084 2087 2090 2093 2096 2099 2102 2105 2108 2111 2114 2117 2120 2123 2126 2129 2132 2135 2138 2141 2144 2147 2150 2153 2156 2159 2162 2165 2168 2171 2174 2177 2180 2183 2186 2189 2192 2195 2198 2201 2204 2207 2210 2213 2216 2219 2222 2225 2228 2231 2234 2237 2240 2243 2246 2249 2252 2255 2258 2261 2264 2267 2270 2273 2276 2279 2282 2285 2288 2291 2294 2297 2300 2303 2306 2309 2312 2315 2318 2321 2324 2327 2330 2333 2336 2339 2342 2345 2348 2351 2354 2357 2360 2363 2366 2369 2372 2375 2378 2381 2384 2387 2390 2393 2396 2399 2402 2405 2408 2411 2414 2417 2420 2423 2426 2429 2432 2435 2438 2441 2444 2447 2450 2453 2456 2459 2462 2465 2468 2471 2474 2477 2480 2483 2486 2489 2492 2495 2498 2501 2504 2507 2510 2513 2516 2519 2522 2525 2528 2531 2534 2537 2540 2543 2546 2549 2552 2555 2558 2561 2564 2567 2570 2573 2576 2579 2582 2585 2588 2591 2594 2597 2600 2603 2606 2609 2612 2615 2618 2621 2624 2627 2630 2633 2636 2639 2642 2645 2648 2651 2654 2657 2660 2663 2666 2669 2672 2675 2678 2681 2684 2687 2690 2693 2696 2699 2702 2705 2708 2711 2714 2717 2720 2723 2726 2729 2732 2735 2738 2741 2744 2747 2750 2753 2756 2759 2762 2765 2768 2771 2774 2777 2780 2783 2786 2789 2792 2795 2798 2801 2804 2807 2810 2813 2816 2819 2822 2825 2828 2831 2834 2837 2840 2843 2846 2849 2852 2855 2858 2861 2864 2867 2870 2873 2876 2879 2882 2885 2888 2891 2894 2897 2900 2903 2906 2909 2912 2915 2918 2921 2924 2927 2930 2933 2936 2939 2942 2945 2948 2951 2954 2957 2960 2963 2966 2969 2972 2975 2978 2981 2984 2987 2990 2993 2996 2999 3002 3005 3008 3011 3014 3017 3020 3023 3026 3029 3032 3035 3038 3041 3044 3047 3050 3053 3056 3059 3062 3065 3068 3071 3074 3077 3080 3083 3086 3089 3092 3095 3098 3101 3104 3107 3110 3113 3116 3119 3122 3125 3128 3131 3134 3137 3140 3143 3146 3149 3152 3155 3158 3161 3164 3167 3170 3173 3176 3179 3182 3185 3188 3191 3194 3197 3200 3203 3206 3209 3212 3215 3218 3221 3224 3227 3230 3233 3236 3239 3242 3245 3248 3251 3254 3257 3260 3263 3266 3269 3272 3275 3278 3281 3284 3287 3290 3293 3296 3299 3302 3305 3308 3311 3314 3317 3320 3323 3326 3329 3332 3335 3338 3341 3344 3347 3350 3353 3356 3359 3362 3365 3368 3371 3374 3377 3380 3383 3386 3389 3392 3395 3398 3401 3404 3407 3410 3413 3416 3419 3422 3425 3428 3431 3434 3437 3440 3443 3446 3449 3452 3455 3458 3461 3464 3467 3470 3473 3476 3479 3482 3485 3488 3491 3494 3497 3500 3503 3506 3509 3512 3515 3518 3521 3524 3527 3530 3533 3536 3539 3542 3545 3548 3551 3554 3557 3560 3563 3566 3569 3572 3575 3578 3581 3584 3587 3590 3593 3596 3599 3602 3605 3608 3611 3614 3617 3620 3623 3626 3629 3632 3635 3638 3641 3644 3647 3650 3653 3656 3659 3662 3665 3668 3671 3674 3677 3680 3683 3686 3689 3692 3695 3698 3701 3704 3707 3710 3713 3716 3719 3722 3725 3728 3731 3734 3737 3740 3743 3746 3749 3752 3755 3758 3761 3764 3767 3770 3773 3776 3779 3782 3785 3788 3791 3794 3797 3800 3803 3806 3809 3812 3815 3818 3821 3824 3827 3830 3833 3836 3839 3842 3845 3848 3851 3854 3857 3860 3863 3866 3869 3872 3875 3878 3881 3884 3887 3890 3893 3896 3899 3902 3905 3908 3911 3914 3917 3920 3923 3926 3929 3932 3935 3938 3941 3944 3947 3950 3953 3956 3959 3962 3965 3968 3971 3974 3977 3980 3983 3986 3989 3992 3995 3998 4001 4004 4007 4010 4013 4016 4019 4022 4025 4028 4031 4034 4037 4040 4043 4046 4049 4052 4055 4058 4061 4064 4067 4070 4073 4076 4079 4082 4085 4088 4091 4094 4097 4100 4103 4106 4109 4112 4115 4118 4121 4124 4127 4130 4133 4136 4139 4142 4145 4148 4151 4154 4157 4160 4163 4166 4169 4172 4175 4178 4181 4184 4187 4190 4193 4196 4199 4202 4205 4208 4211 4214 4217 4220 4223 4226 4229 4232 4235 4238 4241 4244 4247 4250 4253 4256 4259 4262 4265 4268 4271 4274 4277 4280 4283 4286 4289 4292 4295 4298 4301 4304 4307 4310 4313 4316 4319 4322 4325 4328 4331 4334 4337 4340 4343 4346 4349 4352 4355 4358 4361 4364 4367 4370 4373 4376 4379 4382 4385 4388 4391 4394 4397 4400 4403 4406 4409 4412 4415 4418 4421 4424 4427 4430 4433 4436 4439 4442 4445 4448 4451 4454 4457 4460 4463 4466 4469 4472 4475 4478 4481 4484 4487 4490 4493 4496 4499 4502 4505 4508 4511 4514 4517 4520 4523 4526 4529 4532 4535 4538 4541 4544 4547 4550 4553 4556 4559 4562 4565 4568 4571 4574 4577 4580 4583 4586 4589 4592 4595 4598 4601 4604 4607 4610 4613 4616 4619 4622 4625 4628 4631 4634 4637 4640 4643 4646 4649 4652 4655 4658 4661 4664 4667 4670 4673 4676 4679 4682 4685 4688 4691 4694 4697 4700 4703 4706 4709 4712 4715 4718 4721 4724 4727 4730 4733 4736 4739 4742 4745 4748 4751 4754 4757 4760 4763 4766 4769 4772 4775 4778 4781 4784 4787 4790 4793 4796 4799 4802 4805 4808 4811 4814 4817 4820 4823 4826 4829 4832 4835 4838 4841 4844 4847 4850 4853 4856 4859 4862 4865 4868 4871 4874 4877 4880 4883 4886 4889 4892 4895 4898 4901 4904 4907 4910 4913 4916 4919 4922 4925 4928 4931 4934 4937 4940 4943 4946 4949 4952 4955 4958 4961 4964 4967 4970 4973 4976 4979 4982 4985 4988 4991 4994 4997 5000CONTRIBUTORY (Secondary) Chorea
(Duration) yrs. mos. da. 6 2 8 11 14 17 20 23 26 29 32 35 38 41 44 47 50 53 56 59 62 65 68 71 74 77 80 83 86 89 92 95 98 101 104 107 110 113 116 119 122 125 128 131 134 137 140 143 146 149 152 155 158 161 164 167 170 173 176 179 182 185 188 191 194 197 200 203 206 209 212 215 218 221 224 227 230 233 236 239 242 245 248 251 254 257 260 263 266 269 272 275 278 281 284 287 290 293 296 299 302 305 308 311 314 317 320 323 326 329 332 335 338 341 344 347 350 353 356 359 362 365 368 371 374 377 380 383 386 389 392 395 398 401 404 407 410 413 416 419 422 425 428 431 434 437 440 443 446 449 452 455 458 461 464 467 470 473 476 479 482 485 488 491 494 497 500
(Signed) J. J. Williams M. D.
(Address) Blue Springs Mo

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Blue Springs DATE OF BURIAL 2-9-191820 UNDERTAKER G. B. Webb ADDRESS Blue Springs Mo

Revised United States 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 septicaemia," "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.)

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

PLACE OF DEATH
County Jackson
Township Sussex
or
Village Blue Springs
or
City Blue Springs (NO. St. Ward)

Registration District No. 395 File No. 19
Primary Registration District No. 4237 Registered No. 17

2 FULL NAME Ananda A. Williams

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) W

6 DATE OF BIRTH Satisfactory information (Month) (Day) 1 (Year)

7 AGE Satisfactory information yrs. mos. ds. If LESS than day, hrs. or min.?

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

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

PARENTS 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)

15 Filed Apr 10 1919 Z. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb - 6 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Satisfactory information, 1918, to Satisfactory information, 1918, that I last saw him Satisfactory information alive on Satisfactory information, 1918, and that death occurred, on the date stated above, at Satisfactory information m.

The CAUSE OF DEATH* was as follows:
Carcinoma
(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) none (Duration) — yrs. — mos. — ds. (Signed) Z. Smith M. D. Feb 10 1918 (Address) Blue Springs

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

18 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?) Satisfactory information Former or usual residence Satisfactory information

19 PLACE OF BURIAL OR REMOVAL Blue Springs DATE OF BURIAL Satisfactory information 1918

20 UNDERTAKER J. W. Stanley ADDRESS Blue Springs

Revised United States Standard Certificate of Death

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

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"Typhoid pneumonia"); *Lobar pneumonia*; *Brønchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*; *meninges*; *paritonaecum*, 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 "Asthemia," "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 septicaemia," "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.)