

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

Do not use this space.

21340

**1. PLACE OF DEATH**

County Jackson  
Township New  
City Kansas City (No. General Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. 2084  
Registered No. 2084  
Ward 3

**2. FULL NAME**

Earl James Williams

(a) Residence, No. 2736 Cherry St., 3 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. 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)**

Sept. 12, 1921

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>5</u>	<u>9</u>	<u>20</u>	

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Oklahoma

**10. NAME OF FATHER**

Vernon P. Williams

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Alabama

**12. MAIDEN NAME OF MOTHER**

Eta Moore

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Indian Territory now, Oklahoma

**14.**

**INFORMANT**

(Address)

Vernon Williams  
2736 Cherry St

**15.**

FILED

July 5, 1927 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

July 2, 1927

**17.**

Deputy Coroner  
I HEREBY CERTIFY, that I attended deceased from

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Accidental - Fractured skull  
Auto Traumatism  
XG mo (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)**

1890 (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**18. DID AN OPERATION PRECEDE DEATH..... DATE OF.....**

**18. WAS THERE AN AUTOPSY.....**

**18. WHAT TEST CONFIRMED DIAGNOSIS.....**

(Signed) Chas Nelson, M. D.

7-2-1927 (Address) Deputy Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Memorial Park

7/5/1927

**20. UNDERTAKER**

**ADDRESS**

The Freeman Mortuary 3146 Main

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.

