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

Do not use this space.

21341

1. PLACE OF DEATH U.S.V.B. H. #67,
County Jackson Registration District No. 399 File No.
Township Kaw Primary Registration District No. 1002 Registered No. 2685
City Kansas City, Mo. (No. U. S. Veterans Hosp't St. Ward)

2. FULL NAME WILLIAMS, Charles
(a) Residence. No. Licking, Missouri. St., Ward. Cpl. Co. K. 138th Inf.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 24, 1894.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
32	9	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer.
(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) Missouri.

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown.

14. INFORMANT Hospital Records.
(Address) K. C. Mo

15. FILED July 5, 1927 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4, 1927. 19

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1927, to July 4, 1927, 19 that I last saw b. im alive on July 4, 1927, and that death occurred, on the date stated above, at 8:10 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, pulmonary, chronic.
Advanced (C).
23A
Unknown. (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

31

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown.
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Laboratory & X-Ray.
(Signed) E. J. ROSE, Med. Officer in Charge M.D.
7-5. 19 (Address) U.S.V.B.H. #67, Kansas City, Mo.

*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 Licking Mo — DATE OF BURIAL 19
20. UNDERTAKER Westport Undertakers — ADDRESS City

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.