

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

Do not use this space.

512

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.

FEB 20 1928

1. PLACE OF DEATH

County Cleary
Township Fitzgerald
City Excelsior Springs

Registration District No. 198
Primary Registration District No. 3811

File No.
Registered No. 5 ..
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward. Frank J. Williams
(Usual place of abode)

Frank J. Williams
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 21 ds. 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)

Married

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

Jessie Williams

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

unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 40

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Pool Hall Prop

(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)

Whiting Kansas

10. NAME OF FATHER

John F. Williams

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

Gill

12. MAIDEN NAME OF MOTHER

Don't know

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

Don't know

14.

INFORMANT Ernest Williams
(Address) Whiting Kansas

15.

FILED 1/14 19 28 Y. D. Craun
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

1-14-1928

17.

I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Alcoholism

CONTRIBUTORY (SECONDARY)

753
66B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Lee
1/15, 19 28 (Address) Excelsior Springs 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

DATE OF BURIAL

Whiting Kans. unknown

20. UNDERTAKER

ADDRESS

Harbert Hope Excelsior Springs

