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

Do not use this space.

9126

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas (No. 262 W. 4th St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 1205
Registered No.

2. FULL NAME Willie Mims
(a) Residence. No. 262 W. 4th St., Ward.
(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 Male
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7, 1906
7. AGE Years 21 Months 7 Days 15 If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Express hauling
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Willie Mims
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sarah Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ark.
(STATE OR COUNTRY)

14. INFORMANT Sally Johnson
(Address) 262 W. 4th St
15. FILED 3/23, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 22 1928
17. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1928, to Mar 22, 1928 that I last saw him alive on Mar 22, 1928, and that death occurred, on the date stated above, at 10:30 p.m.
3 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemaplegia
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Lues
(duration) yrs. mos. ds.
38
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) L. H. Brown, M. D
Mar 23, 1928 (Address) 1705 E 12 St

*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 Maple Hill
DATE OF BURIAL Mar. 26 1928
20. UNDERTAKER Adkins Bros
ADDRESS 2122 Vine

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mr. G.W. [illegible]