WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

17026

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399 — File No. 1993

Township Kaw — Primary Registration District No. 1002 — Registered No. 1993

City Kansas City (No. Research Hospital St. Ward)

**2. FULL NAME** Dr. William B. Williams D. D. S.

(a) Residence. No. Garden City, Kansas St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 9, 1886

7. AGE: Years 41 — Months 6 — Days 22 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Dentist
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

PARENTS

10. NAME OF FATHER: George W. Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Julia Brisby
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

14. INFORMANT: Dr. F. H. Williams, (Address) Scott City, Kansas

15. FILED 5/3, 1928 M. M. Crowe Asst. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): May 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 28, 1928, to May 2, 1928, that I last saw him alive on May 2, 1928, and that death occurred, on the date stated above, at 7-45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Obstruction of bowels - decending colon - severely necessary - Perforated
(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY): 118-B 2
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 1

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab

(Signed) B S Powell, M. D

May 3, 1928 (Address) 926 McGee

*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: Garden City, Kan — DATE OF BURIAL: May 4 1928

20. UNDERTAKER: F. V. Lindsey & Sons — ADDRESS: Kansas City