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

Do not use this space.

37007

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 1030 Jefferson St. Ward)

File No.
Registered No. 4656

2. FULL NAME Charles Ellsworth Williams
(a) Residence. No. 1030 Jefferson St., 1 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: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23, 1877

7. AGE: 50 YEARS, 10 MONTHS, 25 DAYS. If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) Davis County
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER James M. Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Davis Co.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Elmira Butler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Portsmouth
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs. Flora Sphar
(Address) 1030 Jefferson

15. FILED 11/19, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-18, 1928, to 11-1[illegible], 1928, that I last saw h[illegible] alive on 11-18, 1928, and that death occurred, on the date stated above, at 1:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 74 A

(duration) yrs. mos. ds.

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?
(Signed) H. E. Schuster, M. D.
11-19-, 1928 (Address) 401 W. 12th 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: Avondaro K.C.Ks.
DATE OF BURIAL: 11-21 1928

20. UNDERTAKER: FAIRWEATHER-WERNER MORTUARY
ADDRESS: K.C.Ks.

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.