

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.

28 1928

1. PLACE OF DEATH

County Jefferson
Township Sedalia
City Sedalia (No. 1107)

Registration District No. 668
Primary Registration District No. 5889

File No. 42015
Registered No. 343
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1107 Spicer St. Louis Ward. Kansas City, Kas
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6 - 1875

7. AGE YEARS 53 MONTHS 6 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Blacksburg
(STATE OR COUNTRY) Mo

10. NAME OF FATHER George Williams

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

12. MAIDEN NAME OF MOTHER Adah Hickman

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

14. INFORMANT Mrs Myrtle Williams
(Signature) Kansas City, Kas

15. 13 12-27, 1928 J. J. Love
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 - 1928

17. I HEREBY CERTIFY, That I attended deceased from _____ after death _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Injuries sustained in collision of auto bus with train skull fractured west of Sedalia on Highway No 50 just outside of city limits
CONTRIBUTORY (SECONDARY) _____

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) W. S. Bishop Coroner M. D.
, 19____ (Address) Sedalia 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 Kansas City, Kas DATE OF BURIAL Dec 30 1928

20. UNDERTAKER McLaughlin Bros ADDRESS Sedalia

100