

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

Do not use this space.

9572

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1172
Township Kaw Primary Registration District No. 1002 Registered No. 1172
City Kansas City (No. 2918 Madison) St. Ward

2. FULL NAME Franklin Andrew Williams

(a) Residence, No. 2918 Madison 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. 8 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 Kate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/25/1865

7. AGE YEARS 67 MONTHS 2 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grocery

10. Date deceased last worked at this occupation (month and year) 7/32 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Louis Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Margaret Ann Roat

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. C. E. Swearingen
(ADDRESS) 2918 Madison

18. BURIAL, CREMATION, OR REMOVAL PLACE Meml Park KCK DATE 3/ 11 1935

19. UNDERTAKER Geo. H. Long Mortuary
(ADDRESS) KCK

20. FILED 3-10 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932 to Mar 9, 1933

I last saw him alive on Mar 9, 1933. Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

chronic myocarditis
chronic atherosclerosis Date of onset 1 year

Other contributory causes of importance: Senility

Name of operation none Date of
What test confirmed diagnosis clinical findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) L. R. [Signature], M. D.
(Address) 1837 So. [Address]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If profession or occupation is very important, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

