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.

JUL 11 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No. 19530

Township — Primary Registration District No. — Registered No. 665

City St Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Robert Lee Williams

(a) Residence, No. 1123 south 8 street 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3, 1928

7. AGE — YEARS: 5 — MONTHS: 10 — DAYS: 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Missouri

FATHER

13. NAME Joseph Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Missouri

MOTHER

15. MAIDEN NAME Edna Overstreet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Missouri

17. INFORMANT (ADDRESS) Mrs Joseph Williams 1123 so. 8 street St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Ashland Cemetery
PLACE St Joseph Mo. DATE June 7 1934

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden St Joseph Mo.

20. FILED 6-6- 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1934

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from June 5, 1934, to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 5:30P m.
The principal cause of death and related causes of importance were as follows:

Fractured Skull
Struck by auto (Accidental
210 M

210

Date of onset

Other contributory causes of importance:
Struck by auto while running across street

Name of operation none Date of
What test confirmed diagnosis? Phy Ex Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/5, 1934
Where did injury occur? St Joseph (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury Struck by auto
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Forrest Thomas Coroner, ~~M.D.~~
(Address) 730 Faaron