

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township
City Kennett City (No.)

Registration District No. 349 File No. 475-3
Primary Registration District No. 34891038 Registered No. 110
St. Ward

2. FULL NAME Mr. F.M. Williams

(a) Residence, No. Clinton, Mo. 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. 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 Maude Rena

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-31-1887

7. AGE YEARS MONTHS DAYS IF LESS than day, hrs. or min.
47 4 12

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownsville Mo.

13. NAME Irvin Curtis Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Caroline Gross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownsville Mo.

17. INFORMANT Maude Rena Williams
(ADDRESS)

18. BURIAL CREMATION OR REMOVAL PLACE Bethlehem DATE 8-15-34

19. UNDERTAKER Frank Williams
(ADDRESS) Clinton Mo.

20. FILED 8-17-34 J. B. Houston
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1934 to Aug 13 1934
I last saw survive on Aug 13 1934 Death is said to have occurred on the date stated above, at 9²⁰ p.m.
The principal cause of death and related causes of importance were as follows:

General peritonitis following ruptured gangrenous appendix
Date of onset 12/15/34

Other contributory causes of importance

Name of operation none Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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

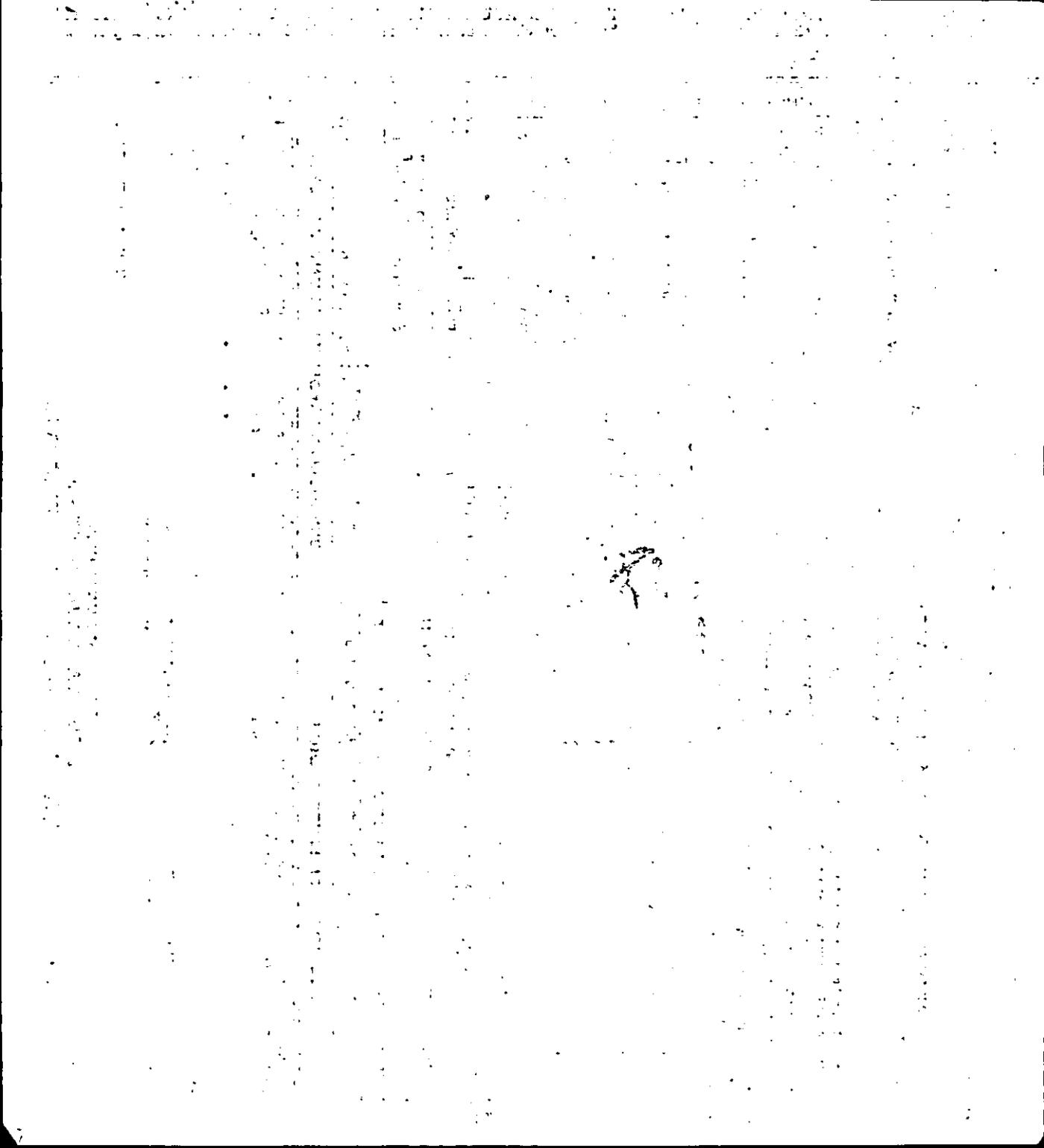
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

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

(Signed) Frank Neal M. D.
(Address) Kennett City Mo.

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
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

NOV 13 1934

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas (No. St. Joseph's Hospital St. 4253 Ward)

2. FULL NAME
J. M. Williams
 (a) Residence, No. Clinton mo St. ma 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 m **4. COLOR OR RACE** w **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** m
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-7-31-1887

7. AGE YEARS 47 MONTHS 4 DAYS 12 If LESS than 1 day, hrs. or min.

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

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) Brookings Mo

13. NAME Queen Curtis Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Went Mo

15. MAIDEN NAME Caroline Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookings Mo

17. INFORMANT (ADDRESS) Maude Lera Williams

18. BURIAL, CREMATION, OR REMOVAL PLACE Beulah Mo DATE 8/15 1934

19. UNDERTAKER (ADDRESS) Fred Wilkinson Clinton mo

20. FILED 10/28 1934 M. M. Lerowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 to Aug 13, 1934
 I last saw him alive on Aug 13, 1934. Death is said to have occurred on the date stated above at 9:00 a.m.
 The principal cause of death and related causes of importance were as follows:
General peritonitis following ruptured gangrenous appendix Date of onset _____
 Other contributory causes of importance: 1310

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify J. Park Neal M. D.
 (Signed) _____ (Address) Kansas City mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-29644