

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

Do not use this space.

MAR 20 1935

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, Mo. (No. 615 Mary St.)

File No. 4487  
 Registered No. 255  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Don Chester Williams

(a) Residence, No. 615 Mary Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 5 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 Mrs. Betty Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1902

7. AGE YEARS 32 MONTHS 7 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maitland, Mo.

13. NAME Frank Williams

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Jack Snodgrass (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maitland Mo DATE March 2 1935

19. UNDERTAKER FLEEMAN MORTUARY (ADDRESS) 1946 Parkway St

20. FILED 3-1-35 John R. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 1935

22. I HEREBY CERTIFY, That I <sup>autopsied on</sup> attended deceased from Feb 25, 1935, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:55 P. M.

The principal cause of death and related causes of importance were as follows: Ruptured aneurysm of aorta 96

Other contributory causes of importance: Strain from pushing on car

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? accident Date of injury 2/27 1935

Where did injury occur? Highway County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Strain from pushing on car

Nature of injury Ruptured aneurysm of aorta

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

If so, specify John Thomas Coroner (Signed) \_\_\_\_\_, M. D.  
 (Address) 731 Pearson

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.

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