JAN 16 1936

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

Do not use this space.

1239

1. PLACE OF DEATH
County Jackson — Registration District No. 3[illegible] — File No.
Township Kaw — Primary Registration District No. [illegible] — Registered No. [illegible]
City Kansas City, Mo. (No. General Hospital St. Ward)

2. FULL NAME Rush D. McWilliams
(a) Residence, No. 3231 Garner 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: 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: Viola McWilliams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 9, 1872

7. AGE: YEARS 63 — MONTHS 6 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Operator of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Filling Station
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): Pa

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Viola McWilliams, 3231 Garner, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Jan. 8-36, 19

19. UNDERTAKER (ADDRESS): C.H.Blackman & Son, Inc. 2825 Indep.Blvd.K.C.Mo.

20. FILED Jan 7th, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/5/36, 19

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19, to, 19
I last saw h alive on 9/5/, 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Automobile traumatism
Fracture of the skull
Acute suppurative meningitis
Other contributory causes of importance: Pedestrian

Date of onset

Name of operation Autopsy 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? Accident Date of injury 1/5/36, 19
Where did injury occur? 18th Main St K.C.Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Street
Manner of injury Struck by motor car
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]