

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

SEP 29 1936

30884

1. PLACE OF DEATH

County Jackson Registration District No. 399
Towship Raw Primary Registration District No. 1002
City Kansas City (No. St. Marys Hospital) St. _____ Ward _____

File No. _____
Registered No. 3680

2. FULL NAME

Ermit Daniel Williams
(a) Residence, No. Craig Mo. St. _____ Ward _____
(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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-30-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 7 9

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

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) Missouri

FATHER 13. NAME Daniel W. Williams

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

MOTHER 15. MAIDEN NAME Martha Seaburn

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

17. INFORMANT Robert Cies (ADDRESS) 341 Seibham Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Craig Mo. DATE Aug. 11, 1936

19. UNDERTAKER Stephens Mrs. Olliver (ADDRESS) 75235 Gilchrist Plaza
10, 1936 M. M. Crowl

20. FILED 10, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 1936, to _____, 1936.

I last saw him alive on 8-8, 1936 Death is said to have occurred on the date stated above, at 7:40 a.m.

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

Aortic Stenosis -
Rheumatic Valvular Disease
Date of onset Unknown

Other contributory causes of importance:
Pneum Congestion lungs
liver & general anasarca

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? No.
If so, specify _____, M. D.
(Address) 815 Shurtz Bldg.
Kansas City, Mo.

