

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

Do not use this space.

OCT 19 1937

2

33502

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 3636 Troost St. _____ Ward _____)

2. FULL NAME Charles Mortimer Williams

(a) Residence, No. 3636 Troost St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14, 1863		
7. AGE: YEARS 74	MONTHS 1	DAYS 16
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

13. NAME **Sanford Williams**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

15. MAIDEN NAME **Agnes Duncan**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

17. INFORMANT **Mrs. John F. Chappell**
 (ADDRESS) **3636 Troost Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Washington** DATE **10-20-1937**

19. UNDERTAKER (ADDRESS) **Freeman Mortuary & Chapel Kansas City, Mo.**

20. FILED **Sept 30 1937** **M. M. Brown**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 30, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 1**, 19**36** to **Sept 30**, 19**37**
 I last saw him alive on **Sept 28**, 19**37** Death is said to have occurred on the date stated above, at **7** a.m.
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset **9-25-37**
920
 Other contributory causes of importance:
Myocarditis
Myocarditis 7-36
 Name of operation **None** Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? **No**

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 _____
 (Signed) **J. S. Sheldon**, M. D.
 (Address) **922 Wolcott**

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.

W. E. Brown, R. H. Brown
121 705130
605 Commonwealth Bldg