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.

DEC 20 1937

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

Do not use this space.

40206

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4520

Township Hogg — Primary Registration District No. 1002 — Registered No.

City K. C. Mo. (No. General Hosp. #2 St. 3rd Ward)

2. FULL NAME Sandy Williams

(a) Residence, No. 1226 Paseo St., Ward. (If nonresident, give city or town and State)
(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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louise Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-26-1888

7. AGE: YEARS 49 — MONTHS 9 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

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

FATHER:
13. NAME: Jack Williams
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): A. Porter Bailey, 1301 Wenger

18. BURIAL, CREMATION, OR REMOVAL (PLACE): Highland Cemetery K C Mo. 11-9-37, 19

19. UNDERTAKER (ADDRESS): Flynn & Greenstreet K C Mo.

20. FILED: Nov 9 1937 M. M. Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1937, to 11-6, 1937

I last saw him alive on 11-6, 1937. Death is said to have occurred on the date stated above, at 9:10 A.M.

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

Date of onset

Hypertensive Type

Heart Disease

Other contributory causes of importance: 9552

Decompensation

Name of operation: Clinical — 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? No

If so, specify

(Signed) [illegible], M. D.

(Address) General Hosp. #2