

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.

1. PLACE OF DEATH

County Dickson

Registration District No. 85

Township St. Joseph Mo

Primary Registration District No. 1001

City St. Joseph Mo (No. Spital Hospital #2)

File No. 2094  
Registered No. 75  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

Frank Williams 152  
Kansas City, Mo. Ward. Kans. City 7th.

(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 Caucas 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1890-

7. AGE YEARS 48 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as splener, sawyer, bookkeeper, etc. No 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

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) Street St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hosp Cem DATE 1-20-38

19. UNDERTAKER (ADDRESS) Spores General Home 506 S 1st

20. FILED 1-20-38 A. J. Nettles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1938  
I HEREBY CERTIFY, That I attended deceased from Jan 24 1936 to Jan 18 1938  
I last saw him alive on Jan 18 1938 Death is said to have occurred on the date stated above, at 8:50 m.

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

Sen Paralysis of tongue  
**RECEIVED** Indefinite  
Date of onset \_\_\_\_\_

Other contributory causes of importance: g3  
None

BUREAU OF VITAL STATISTICS  
MO. STATE HEALTH DEPT.  
Name of operation no chart Date of \_\_\_\_\_  
What test confirmed diagnosis? chart Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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 None  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) F. M. Miles M. D.  
(Address) Street St. Joseph Mo

