

REC'D APR 17 1939

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

Do not use this space.

1. PLACE OF DEATH

County Jackson / Registration District No. 399

Township New / Primary Registration District No. 1007

City K.C. Mo (No. General Hospital #2) / Registered No. 9695

2. FULL NAME William Williams

(a) Residence, No. 2210 Brooklyn av / (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 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 Mary Anna Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-26-1900

7. AGE YEARS 38 MONTHS 5 DAYS 24

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Texas

MOTHER FATHER

13. NAME Henry Williams

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

MOTHER

15. MAIDEN NAME Ester Atchison

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

17. INFORMANT (ADDRESS) Record Clerk General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE DePaulus Hwy DATE 3/25/39

19. UNDERTAKER (ADDRESS) West Appleton Jones Inc

20. FILED Rich 15, 1939 Mr. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-19-1939 to 3-20-1939

I last saw him alive on 3-20-1939 Death is said to have occurred on the date stated above, at 6:30 m. p. m.

The principal cause of death and related causes of importance were as follows: Primary Broncho Pneumonia following Alcoholism

Other contributory causes of importance: Alcohol and Exposure

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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. O. Dwyer M. D.

(Address) General Hospital #2

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.

