

AUG 2

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

Do not use this space.

25388

1. PLACE OF DEATH

County Clay Registration District No. 196 File No. 25388
Township Pishon River Primary Registration District No. 3A 11 Registered No. 101
City Excelsior Springs, Missouri Veterans Administration Facility (Ward)

2. FULL NAME WILLIAMS, Floyd Roberson(a) Residence, No. 602 Kimball Ave. Excelsior Springs, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Pearl Williams6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 10 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer business9. 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) unknown 11. Total time (years) spent in this occupation unknown12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Excelsior Springs, Mo.13. NAME William T. Williams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co., Mo.15. MAIDEN NAME Mary E. Roberson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wamego, Kans.17. INFORMANT Hospital Records
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Springs, Mo. July 28, 193919. UNDERTAKER Claud Pritchard
(ADDRESS) Excelsior Springs, Mo.20. FILED July 27, 1939 Mrs. Rose M. Cracker
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 193922. I HEREBY CERTIFY, That I attended deceased from April 15, 1939, to July 25, 1939I last saw him alive on July 25, 1939 Death is saidto have occurred on the date stated above, at 8:15 PM

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

Peri-prostatitis abscess with necrosis

Date of onset

Other contributory causes of importance:

Ulcerative colitisName of operation None Date of NoneWhat test confirmed diagnosis? Exam. & Post-mortem Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury None, 1939Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify Unknown(Signed) JOHN E. KELLY, M.D. M.P.

Veterans Administration Facility

(Address) Excelsior Springs, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/2/39