JAN 12 1940

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

Do not use this space.

43024

1. PLACE OF DEATH
County Cass 2 Registration District No. 156
Township Primary Registration District No. 4090
City Harrisonville (No. , St. Ward)

File No.
Registered No. 65

2. FULL NAME 452 GERALD WILLIAMS
(a) Residence, No. Harrisonville St., Ward.
(Usual place of abode) (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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-1-39
7. AGE YEARS MONTHS DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Harrisonville Mo.

FATHER
13. NAME Illegitimate Infant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Alberta Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville Mo

17. INFORMANT (ADDRESS) Houston Thomas (Bro In law) Harrisonville, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 12·6 1939
19. UNDERTAKER (ADDRESS) By family
20. FILED 12·7 1939 E. Wensley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1939, to 12-5, 1939
I last saw him alive on 12-5, 1939. Death is said to have occurred on the date stated above, at 2:00 a m.
The principal cause of death and related causes of importance were as follows:

Premature Infant

Date of onset

Other contributory causes of importance:
7-8 mo pregnancy
Eclamptic mother

Name of operation 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) E. Wensley, M. D.
(Address) Harrisonville

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 importar