FILED SEP 9 1943

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

27934

Do not use this space.

1. PLACE OF DEATH

(a) County Cass — Registration District No. 59

(b) Township Index — Primary Registration District No. 4094 — Registered No. 152

(c) City or Garden City (d) Street No. ..... St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME David E. Williams

(a) Residence, No. Garden City, Missouri St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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~~ Bertha A. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 11, 1877

7. AGE: Years 65 — Months 11 — Days 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mgr. Telephone Co.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) August, 1943

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton, Missouri U.S.A

FATHER

13. NAME Merritt L. Williams

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

MOTHER

15. MAIDEN NAME Nellie E. Nelson

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

17. INFORMANT (ADDRESS) Mrs. Bertha A. Williams, Garden City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Garden City Cemetery DATE August 7, 1943

19. FUNERAL DIRECTOR (NAME) J. M. Barkhurst (ADDRESS) Garden City, Missouri

20. FILED Aug. 28, 1943 Margaret Nolle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4, 1943

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19....

I last saw h. — alive on —, 19.... Death is said to have occurred on the date stated above, at 2 P.m. about

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

Found dying in yard, had fell from ladder, Dr. Pepper called in. Had trouble heart and "He had been suffering from arthritis"

Date of onset

Other contributory causes of importance: Pulling a broken neck

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? Garden City Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. While trying to fix a house

Manner of injury Fell from ladder

Nature of injury Pulling broken neck

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. M. Lefler M. D.

(Address) Harrisonville Mo.

Cerned Cir Co

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

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.

I X16605

MAR 2 9 1944

JAN 4 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by J M Kaufman, Registered Apprentice No. 1030 working under my personal supervision.

Signed J M Kaufman

Licensed Embalmer No. 1030

P. O. Address Garden City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.