

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

Do not use this space.

37599

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Kansas City

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_  
(No. 1206 Linwood Blvd St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 4463

**2. FULL NAME**

(a) Residence, No. 1206 Linwood Blvd Ward. 13  
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 14-1906</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>8</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer - Swift</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Co - Chicago, Ill</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clarksdale Missouri</u>
	13. NAME <u>Albert C. M<sup>r</sup> Williams</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clarksdale Missouri</u>
	15. MAIDEN NAME <u>Bessie Collins</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clarksdale Missouri</u>
17. INFORMANT (ADDRESS) <u>Mrs. Bessie Crouch 1206 Linwood Blvd</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clarksdale, Mo</u> DATE <u>11-16</u> 19 <u>31</u>	
19. UNDERTAKER (ADDRESS) <u>G. H. Newcomer's Sons Kansas City Missouri</u>	
20. FILED <u>11-6-</u> 19 <u>31</u> <u>M. M. Crowe</u> Registrar	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1931, to Nov 5, 1931  
I last saw him alive on Nov 5, 1931. Death is said to have occurred on the date stated above, at 9:00 P.M.  
The principal cause of death and related causes of importance were as follows:  
Congestive heart failure Date of onset 10-14  
92 A  
93 D

Other contributory causes of importance:  
mitral stenosis

Name of operation Autopsy 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) Wm Carter Pette, M. D.  
(Address) 333 Arroyo Blvd

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.

