McRoy

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

Do not use this space.

33002

File No. 4232

Registered No.

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City (No. 610 Banks St. Ward)

Registration District No. 399

Primary Registration District No. 1002

2. FULL NAME Willie Williams

(a) Residence. No. 610 Banks St., 1 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26 - 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
35	1	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

PARENTS

10. NAME OF FATHER Willie Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Alabama

12. MAIDEN NAME OF MOTHER Mary Mullin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Alabama

14. INFORMANT Mary S. Cruber
(Address) 610 Banks St

15. FILED 10-18, 1930 M. McCrown REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16 1930

17. I HEREBY CERTIFY, That I attended deceased from 8/16, 1930, to 10/16, 1930 that I last saw him alive on 10/16, 1930, and that death occurred, on the date stated above at 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

110 B

107 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pleuritis with Effusion (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. A. McCoy, M. D.

10-18, 1930 (Address) 1624 W 9th

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
West Lawn Cem	Oct 18 1930
20. UNDERTAKER	**ADDRESS**
Nathan W. Thatcher	1520 N. 5th St. K.C.A.

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