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

Do not use this space.
13542

1. PLACE OF DEATH
County: Clay
Township: Fishing River
City: Excelsior Springs, Mo. U. S. Veterans Hospital (No. St. 3rd Ward)

Registration District No. 198
Primary Registration District No. 3011

File No.
Registered No. 42

2. FULL NAME: WILLIAMS, John
(a) Residence, No. U. S. V. Hospital, Excelsior Springs, Mo. Ward. 2527 Woodland Ave. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 15, 1895

7. AGE: Years 35 | Months 5 | Days ~~25~~ 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: unknown
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation: x

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana

FATHER
13. NAME: Ned Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana

MOTHER
15. MAIDEN NAME: Esta Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana

17. INFORMANT: Hospital Records
(ADDRESS) U.S.V.H.Excelsior S prings, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo. DATE 4-9-31, 19

19. UNDERTAKER Herbert Hope
(ADDRESS) Excelsior Springs Mo

20. FILED 4-10, 1931 G. D. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 8, 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1931, 19, to April 8, 1931, 19
I last saw him alive on April 8, 1931, 19. Death is said to have occurred on the date stated above, at 2:05 am
The principal cause of death and related causes of importance were as follows:

Septic endocarditis with mitral insufficiency

Date of onset

Other contributory causes of importance:
none

Name of operation: none Date of
What test confirmed diagnosis? exam.& obs. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury no, 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: none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Garrett V. Johnson, M. D.
GARRETT V. JOHNSON
(Address) USVH Excelsior Springs Mo.

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.

WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD

AUG 14 1957