

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.

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

Do not use this space.

27561

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph Mo. (No. 1314 North 12th)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 867
St. Ward

2. FULL NAME Willie Williams

(a) Residence, No. 1314 North 12th St., Ward.

(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 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 Mrs Lizzie Williams

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

7. AGE 54 YEARS MONTHS DAYS Unknown Unknown If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 94
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 93
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) Cameron Mo.

MOTHER 13. NAME Daniel Williams

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

15. MAIDEN NAME Mary Belle

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

17. INFORMANT Mrs Lizzie Williams (ADDRESS) 1314 North 12th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cem DATE 8-18-31

19. UNDERTAKER B.F. Graves Funeral Home (ADDRESS) 806 South 12th St

20. FILED 8-18-31 1931 John K. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1931

I last saw h. alive on Aug 14, 1931

Death is said to have occurred on the date stated above, at 8 A.M.

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

In my opinion was
Angina Pectoris
and
Saw him after death
Other contributory causes of importance:
Myocarditis chronic

Name of operation None Date of None
What test confirmed diagnosis? None 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? no
If so, specify
(Signed) J. D. Sexton, M. D.
(Address) St. Joseph Mo.

