

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.

MS 24 1932

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

Do not use this space.

22688

1. PLACE OF DEATH: 48. County Jackson, Registration District No. 398; 49. Township Blower, Primary Registration District No. 30.19; 4 City Independence (No. 1015 West Linden). 2. FULL NAME: Elijah Henry Williams; (a) Residence, No. 1015 West Linden St., Ward. 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. (If nonresident, give city or town and State)

File No. Registered No. 223 St. Ward

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 Joanna Williams; 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-1873; 7. AGE YEARS 60, MONTHS 0, DAYS 22; 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 93; 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.; 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) Muscatah, Kansas; 13. NAME unknown; 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown, unknown; 15. MAIDEN NAME unknown; 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown, unknown; 17. INFORMANT Joanna Williams (ADDRESS) 1015 West Linden; 18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem July 12 1932; 19. UNDERTAKER (ADDRESS) Central Funeral Home Independence, Mo; 20. FILED July 11, 1932 J. Cook Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1932; 22. I HEREBY CERTIFY That I attended deceased from July 4, 1932, to July 10, 1932; I last saw him alive on July 10, 1932. Death is said to have occurred on the date stated above, at 6:30 a.m. The principal cause of death and related causes of importance were as follows: Myocarditis chronic with acute dilatation; Acute gastritis. Other contributory causes of importance: 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? (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) F. L. Cooper M. D. (Address) Independence

