

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kear  
City Kansas City (No. 12 C General Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. 39774  
Registered No. 4781  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Shackelford Williams

(a) Residence, No. 1624 Skyles St. 12 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 12-1880</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>11</u>	DAYS <u>2</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>Labourer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>	
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) <u>Mo. 1</u>		
FATHER	13. NAME <u>Martin Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Va. 2</u>	
MOTHER	15. MAIDEN NAME <u>Beatrice Keyes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va.</u>	
17. INFORMANT (ADDRESS) <u>Reuben Clark</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>West Hill Cem. Dec 15 1932</u>		
19. UNDERTAKER (ADDRESS) <u>James S. Gardner</u>		
20. FILED <u>12-15 1932</u> <u>M. M. Crowe</u> Regist. <u>asst.</u>		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-9 1932 to 12-14 1932

I last saw him alive on 12-14 1932 Death is said to have occurred on the date stated above, at 12:00 noon

The principal cause of death and related causes of importance were as follows:  
Confluent Bronchitis  
Pneumonia  
107A  
99B  
113  
107A  
Arteritis

Date of onset \_\_\_\_\_

Other contributory causes of importance: Arteritis

Name of operation none 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) J. H. [Signature] M. D.  
(Address) 12 C Gen. Hosp.

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.

