

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

Do not use this space.

16662

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 204 N. Garfield)

Registration District No. 399
Primary Registration District No. 1002

File No. 1 2159
Registered No. 1 2159
St. _____ Ward _____

2. FULL NAME

Charles Williams
(a) Residence, No. 204 N. Garfield St. K.C. Mo. Ward _____
(Usual place of abode)

(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1st, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 5 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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) Union City, Tenn.

13. NAME George L. Williams

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

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marscow, Kentucky

17. INFORMANT Mrs. Mary Williams (mother)
(ADDRESS) 547 Arlington Ave., Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union City, Tenn. DATE May 21st, 1933

19. UNDERTAKER Ott + Mitchell
(ADDRESS) Independence, Mo.

20. FILED May 19, 1933 M. M. Greene Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 18, 1933

I last saw him alive on May 18, 1933 Death is said to have occurred on the date stated above, at _____ m.

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

Cerebral hemorrhage
1st attack 7 yrs ago - 1926
2nd embolism - heart
Jan. 12 - 1933
3rd
82 W

Other contributory causes of importance:
Lungs left up - 2dg
chronic phlebitis
not diabetic

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) Harry H. Fowler, M. D.
(Address) Louisville, 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.

RECORD

