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.

JUL 17 1934

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

Do not use this space.

20285

1. PLACE OF DEATH
County JACKSON — Registration District No. 399
Township — Primary Registration District No. 1002
City KANSAS CITY (No. MERCY HOSPITAL St. Ward)

File No. 2439
Registered No.

2. FULL NAME ROY EARL WILLIAMS
(a) Residence, No. ROUTE NO. L St., Ward. INDEPENDENCE, 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. 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 XXXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBR. 25, 1934

7. AGE: YEARS 0 — MONTHS 3 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDEPENDENCE MISSOURI

FATHER
13. NAME ROY H. WILLIAMS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERY OKLA.

MOTHER
15. MAIDEN NAME FLORENCE V. WOODHEAD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LAWRENCE KANSAS.

17. INFORMANT (ADDRESS) ROY H. WILLIAMS ROUTE NO. 1 Box 331 INDEP. MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MOUND GROVE DATE JUNE 3, 1934, 19

19. UNDERTAKER (ADDRESS) STAHL'S FUNERAL HOME 815 W. MAPLE AVE. INDEP. MO.

20. FILED 6-2, 1934 M. M. Crowe asst. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 1, 1934. , 19

22. I HEREBY CERTIFY, That I attended deceased from 5 - 30 - , 1934, to June 1, 1934, 19
I last saw him alive on 6 - 1 - 1934, 19 Death is said to have occurred on the date stated above, at 11.55AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHOPNEUMONIA	5/26/34
ACUTE INTOXICATION	5/30/34
9 10 9A 75B	
Other contributory causes of importance: WHOOPING COUGH	5/30/34

Name of operation NONE Date of NONE
What test confirmed diagnosis? AUTOPSY Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO. Date of injury NO., 19
Where did injury occur? NONE
(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) H L Dwyer M. D.
(Address) 406 W 34 KCMo