

MAR 17 1937

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

Do not use this space.

5529

1. PLACE OF DEATH

County Clay Registration District No. 198  
Township Franklin Primary Registration District No. 301  
City Independence St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 33  
Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence No. Franklin, Independence, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Kansas City, Mo. (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) July 28 - 1896

7. AGE YEARS 40 MONTHS 6 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Campbell & Campbell  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

MOTHER FATHER  
13. NAME Geo. F. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler, Mo.

15. MAIDEN NAME Susan M. Major

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence, Mo.

17. INFORMANT (ADDRESS) Geo. F. Williams, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence, Mo. DATE May 4, 1937

19. UNDERTAKER (ADDRESS) Independent Funeral Home, Independence, Mo.

20. FILED March 2, 1937 Lorana McCracken Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. 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:

Automobile Accident  
Automobile & Truck Collision  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 Fractured Skull  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) W. L. Hoover, Coroner M. D.  
(Address) Independence, Clay County, Mo.

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.

1937-1938

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1896-7-28  
1937-2-29

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