APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 11280

Township — Primary Registration District No. 1001 — Registered No. 391

City St. Joseph, (No. 128 Division St. Ward)

2. FULL NAME Orion Arthur Williams

(a) Residence, No. 128 Division St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Febry 10 - 1937

7. AGE: Years No. — Months 1 — Days 17 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Infant
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): St. Joseph, Missouri.

FATHER
13. NAME: Arthur Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Kansas.

MOTHER
15. MAIDEN NAME: Grace Burton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gainsville, Texas.

17. INFORMANT (ADDRESS): Arthur Williams, 128 Division.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 3/29/'37. 19

19. UNDERTAKER (ADDRESS): Graves Funeral Home. 806 S. 17th Street.

20. FILED 3/29 1937 [signature] Registrar
By Carter, Dep. Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/27/'37. 19

22. I HEREBY CERTIFY, That I attended deceased from March 27th 1937 to Viewed, 19

I last saw Him alive on Viewed, 19 Death is said to have occurred on the date stated above, at 9:30 A. M.

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

Labor Pneumonia following Broncho Acute cold — Date of onset 3/24/'37

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Other contributory causes of importance: none

Name of operation — Date of

What test confirmed diagnosis? History 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 no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. W. Taylor Coroner, M. D.

(Address) St Joseph, 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.