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.

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

Do not use this space.

MAY 15 1937

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 15411

Township Kaw — Primary Registration District No. 1062 — Registered No. 1937

City Kansas City (No. Menhorah Hospt. St. Ward)

2. FULL NAME Walter H. Williams

(a) Residence, No. 2645 Kensington 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: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Grace G. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 29th 1876

7. AGE: 60 YEARS, 10 MONTHS, 24 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bruce Dodson
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): Grandburry Texas

FATHER

13. NAME: Richard E. Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indep. Mo.

MOTHER

15. MAIDEN NAME: Faney Haynes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT (ADDRESS): Grace G. Williams 2645 Kensington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Pk. DATE April 26 1937

19. UNDERTAKER (ADDRESS): Eylar Funeral Home 1800 Limnwood Blvd.

20. FILED Apr 25 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12th, 1937, to Apr. 23, 1937
I last saw him alive on Apr. 22, 1937. Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

Epidermoid carcinoma of the inside of left cheek, lip jaw & neck with secondary lymph glands, x ray resistant. — Date of onset June 1934

Other contributory causes of importance: Rt. lower lobe, lobar pneumonia — Apr 2 Oct 1937

Name of operation Diathermy resection Date of 3-31-37
What test confirmed diagnosis? Laboratory. 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) E. D. Wyman, M. D.
(Address) 1314 Prof. Bldg.

Elmer D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 1957

Township ..... Primary Registration District No. ..... Registered No. .....

City ..... (No. Menorah Hospital St. ..... Ward)

2. FULL NAME Walter H. Williams

(a) Residence, No. 2645 Kensington St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or .....min.
60.			

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. .....
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

17. INFORMANT .....
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19

19. UNDERTAKER .....
(ADDRESS)

20. FILED 4/25, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw ..... 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:

Epidermoid carcinoma of the inside of left cheek lip, jaw + neck with secondary on large lymph glands, x-ray resistant 45

Date of onset

Other contributory causes of importance:
Rt. lower lobe, lobar pneumonia

Name of operation Diathermic Resection 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 Primary was inside of
Nature of injury left cheek, it spread to the jaw, lip + neck.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. D. Swyman, M. D.
(Address) 1314 Prof. Bldg. K. C. Mo.

COPY LEGENDARY

S-15411