

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

NOV 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

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph (No. 2102)

File No. 37141

Registered No. 1117

2. FULL NAME

(a) Residence, No. 2102 Drury St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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 Negro 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 19 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>69</u>	<u>9</u>	<u>20</u>		

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

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) Macon City Mo

FATHER 13. NAME Thomas Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Mo

MOTHER 15. MAIDEN NAME Corlissa Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co Mo

17. INFORMANT (ADDRESS) Jake Bennett 2102 Drury Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Oct 12 1937

19. UNDERTAKER (ADDRESS) Paulie's Mortuary 1620 Madison

20. FILED Oct. 12 1937 H. Neettlebuch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1937 to Oct 7 1937

I last saw him alive on Oct 7 1937. Death is said to have occurred on the date stated above, at 4 a.m.

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

Mitral regurgitation Date of onset known

Other contributory causes of importance: arteriosclerosis 3 yrs

Name of operation clinical Date of no  
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? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

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

(Signed) Charles H. Kerner M. D.  
(Address) 221 Kirkpatrick Bldg

Dr. Joseph Mo

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