

REC'D JUN 9 1938

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

17152

Do not use this space.

Registered No. 1849

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1002#2
 (c) City J.C.Mo (d) Street No. Len. Stapp #2 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) 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.

2. PRINT FULL NAME

(a) Residence, No. 1611 Forest St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 15 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Corn Lab
 9. Industry or business in which work was done, as saw mill, bank, etc. Corn Lab
 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) Texas13. NAME John Williams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas15. MAIDEN NAME William16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jolly in Texas17. INFORMANT (ADDRESS) Jolly Williams 1611 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 5-15-38

19. FUNERAL DIRECTOR (ADDRESS) Chas. V. Forest 1119 6th St20. FILED May 2 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18-38 19

22. I HEREBY CERTIFY That I attended deceased from

19 to 19

I last saw Deputy Coroner 19 7:30 19 7:30 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Cerebral Palsy Date of onsetStroke 163

Other contributory causes of importance:

Name of operation Autopsy Date of 4-18-38What 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 suicide Date of injury 4-18-38

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 suicide

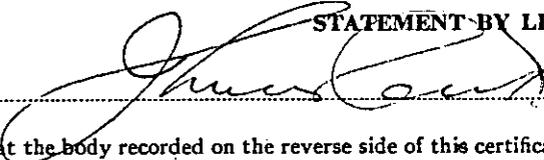
Nature of injury

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

If so, specify

(Signed) Russell W. Jones, M. D.261 (Address) 1849

STATEMENT BY LICENSED EMBALMER

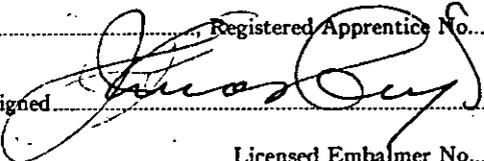
I,  Licensed Embalmer No. 2767

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed 

Licensed Embalmer No. 2767

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson ss.

State File No.
Local Registrar's No. 1849

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19th day of August, 1940, before me appears.....
Mrs Polly Williams, who, upon her oath, states that the original record of ~~birth~~ death
for Stafford Williams, died April 18 born, 1938, in the State of
Missouri, and which was filed at KC on May 2, 1938, should be corrected as follows:

Item No. 2 should read Stafford Williams
Instead of William Stafford

Item No. should read.....
Instead of

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Polly Williams Wife Relationship.

1522 Forest
Present Address.

Subscribed and sworn to before me this 19 day of August, 1940

My Commission expires Sept 27, 1943 Margaret M Brown Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1938
S-17152