REC'D JUL 12 1938

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

20965
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
(d) Street No. Mercy Hosph. 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.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 399
Primary Registration District No. 1002
Registered No. 2415

2. PRINT FULL NAME Fred Williamson 452
(a) Residence, No. 2630 Askew St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

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 —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 23, 1927
7. AGE Years 10 Months 7 Days 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as 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) Kansas City Mo.

FATHER
13. NAME Fred. G. Williamson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirksville Mo.

MOTHER
15. MAIDEN NAME Dorothy Massey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

17. INFORMANT (ADDRESS) Fred. G. Williamson 2630 Askew.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE June. 15 1938
19. FUNERAL DIRECTOR (ADDRESS) Eylar Funeral Home K. C. Mo.
20. FILED June 15, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1938
22. I HEREBY CERTIFY, That I attended deceased from June 11, 1938, to June 13, 1938
I last saw him alive on June 13, 1938. Death is said to have occurred on the date stated above, at 1:40 P.m.
The principal cause of death and related causes of importance were as follows:

Tetanic Convulsion. 2a

Date of onset

Other contributory causes of importance: extension
Tetanus Extension
Portal. Left Ant. tibia

Name of operation (left ant.) 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? Acc Date of injury about 2 wk before death 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Splinter
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) N B Soderberg, M. D.
(Address) St. Lukes

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
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.
V. S. No. 2. 50M-7-20-37 I X12604

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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.....

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.)