

REC'D SEP 13 1938

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

27822
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002

(c) City K.C. Mo. (d) Street No. General Hoop #2 Registered No. 2103

(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.

2. PRINT FULL NAME Ollie Williams 2152

(a) Residence, No. 1113 Woodland 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 Female

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-18-1893

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

44 9 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-19-1938, 1938, to 8-1, 1938

I last saw him alive on 8-1, 1938 Death is said to have occurred on the date stated above, at 10:24 A.M.

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

Far advanced Pulmonary Tuberculosis. Date of onset 23 W

Other contributory causes of importance:

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? 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? No

If so, specify

(Signed) G. O. Dwyer M. D.

(Address) General Hoop #2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Records Clerk General Hoop

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Aug 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) B. G. Buchanan

2205 York St

20. FILED Aug 5 38 M. M. Brown Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X12004

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.

