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

REC'D OCT 15 1938

31156
Do not use this space.

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1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 3453
(c) City Kansas City — (d) Street No. 1016 West 24th. 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.

2. PRINT FULL NAME Charles W. WILLIAMS. 1152
(a) Residence, No. 2522 Washington Ave. 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): [redacted] Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-10-1889
7. AGE: 48 YEARS — MONTHS: 10 — DAYS: 20 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Cabinet Marker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER
13. NAME R. F. Williams 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 0

MOTHER
15. MAIDEN NAME Eliz. Jane Bryant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. E. J. Ogle 2522 Washington
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope. K.C.K. DATE 9/1/38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mellody-McGilley. K. C. Mo.
20. FILED Sept 1, 1938 M. M. Crowe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30-38, 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....
I last saw ..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

Stab wound of left chest
Laceration of left lung
Hemothorax (left)

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Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 8-30-38, 19
Where did injury occur? K.C. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Stabbed in a brawl at
Nature of injury 1016 W 24th
24. Was disease or injury in any way related to occupation of deceased? 4
If so, specify
(Signed) [signature], M. D.
(Address) Gen Hosp. K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**