

DEC. JAN 13 1938

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

41836

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1  
 (b) Township Raw Primary Registration District No. 1 Registered No. 4962  
 (c) City Kansas City or Kansas City (d) Street No. Gen. Hospital # 2 St. Mo.  
 (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 5 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LEROY WILLIAMS

(a) Residence, No. 921 Charlotte St. Mo. (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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
26 6 5

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. Labor  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Terrell, Texas  
 (STATE OR COUNTRY)

13. NAME Leroy Williams

14. BIRTHPLACE (CITY OR TOWN) Terrell, Texas  
 (STATE OR COUNTRY)

15. MAIDEN NAME Nilde Knight

16. BIRTHPLACE (CITY OR TOWN) Terrell, Texas  
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) L. W. Williams, Columbia Park, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Dec. 17, 1938

19. FUNERAL DIRECTOR (NAME) E. Herbin's Sons  
 (ADDRESS) 1811 12th St. Mo.

20. FILED 12-16-38 M. M. Crowe, Jr.  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19  
 I first saw him alive on 22nd, 19  
 to have occurred on the date stated above, at 22nd m.  
 The principal cause of death and related causes of importance were as follows:

Fracture of Skull  
Laceration of Brain  
175 B  
 Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of 12-1-38  
 What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury 12-1-38, 19

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Not by blunt object  
 Nature of injury Fracture of Skull

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

If so, specify  
 (Signed) Russell L. Jones M. D.  
 (Address) 12th St.

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.

I X16005

**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 *C. Sterling Bills*

Licensed Embalmer No. *3178*

P. O. Address *1811 E. 12th K. C. Mo.*

**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.)**

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