

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

311598  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395

(b) Township Blue Primary Registration District No. 100

(c) City Kansas City (d) Street No. Leeds Sanatorium Registered No. 3096 St.

(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 Williams, Luther

(a) Residence, No. Street's hotel K.C. Mo. St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male

4. COLOR OR RACE Negro

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 1912

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

27 - 1 wks

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. Porter

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) 9-16, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1939, to 9-16, 1939

I last saw him alive on 9-16, 1939 Death is said to have occurred on the date stated above, at 8:30 m.

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

Pulmonary T.B. 2 acute hemorrhage

Other contributory causes of importance: 23

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha Nebraska

13. NAME Williams, How

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) K.C.T.B. Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds - Municipal DATE 9-21-1939

19. FUNERAL DIRECTOR (ADDRESS) Living + Brady 1513 1st St

20. FILED Sept 21 1939 M. M. Orlow Local Registrar.

Name of operation Craniotomy Date of 9-16-39

What test confirmed diagnosis? Tray test Was there an autopsy? yes

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? If so, specify \_\_\_\_\_

(Signed) W. H. ... M. D.

(Address) Leeds, City, Mo.

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.

**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 *Oscar Samuelson*  
Licensed Embalmer No. *3002*

**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.)**