

115 APR 2 1940

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

10257
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 100
(b) Township _____ Primary Registration District No. _____
(c) City St. Joseph (d) Street No. 717 S. 20th. St. Registered No. 338
(If death occurred in Hospital or Institution, write its name instead of street and number) 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 Thomas Williams

(a) Residence, No. 717 S. 20th. St. St. (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ?--?--1850-?

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90-? ? ?

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Street Work
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) Unknown
Unknown 9

13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9
Unknown

15. MAIDEN NAME Unknown 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 7
Unknown

17. INFORMANT Mrs. Thomas
(ADDRESS) 717 S. 20th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 4-4-1940

19. FUNERAL DIRECTOR (ADDRESS) Graves Funeral Home
806 S. 17th. St.

20. FILED 4/3/40 H. J. Matthews Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 1940, to 3-25, 1940

I last saw him alive on 3-16, 1940. Death is said

to have occurred on the date stated above, at 2:10 P.M.

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

Hypertension

Date of onset Unknown

Other contributory causes of importance: 97

Septicemia
Arterio Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Chol. 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 George W. Stearns, M. D.

(Signed) H. J. Matthews (Address) St. Joseph, Mo

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

50M-7-20-37 I 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.

