

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.

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

PLACE OF DEATH
County Jackson
Township Kear
or
Village
or
City Kansas City (No. 3617 Morrell St.: Ward)

Registration District No. 399 File No. 31567
Primary Registration District No. 1002 Registered No. 3114

FULL NAME Mrs Mattie Ann Williams

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX female COLOR OR RACE white SINGLE MARRIED married
WIDOWED OR DIVORCED
(If not the word)

DATE OF DEATH Sept. 18, 1911
(Month) (Day) (Year)

DATE OF BIRTH April 3, 1870
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 28, 1911, to Sept. 18, 1911,
that I last saw her alive on Sept. 18, 1911,
and that death occurred, on the date stated above, at 12-m.

AGE 41 yrs. 5 mos. 16 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer) home

Purpuraemia
131
132 B 120

BIRTHPLACE (City or town, State or foreign country) Illinois

(Duration) 2 yrs. mos. ds.
Contributory Chronic Nephritis
(SECONDARY)

NAME OF FATHER Wm. Calvin Lawson

(Duration) yrs. mos. ds.
(Signed) John H. Lapham M. D.
9/19/11 1911 (Address) Smith 924 Skidlo

BIRTHPLACE OF FATHER (City or town, State or foreign country) Penn

MAIDEN NAME OF MOTHER Mary Jane Pruitt

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Penn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Amos Williams

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence.

(ADDRESS) 3617 Morrell

PLACE OF BURIAL OR REMOVAL Elmwood DATE OF BURIAL 9-20 1911

Filed SEP 20 1911 W. S. Wheeler REGISTRAR

UNDERTAKER Oylar Bros ADDRESS 1401 Main St

