

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.

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

PLACE OF DEATH
County Jackson
Township _____
or Village _____
or City Kansas City (NO. 315 South Bellvue Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration District No. 000 File No. 2862
Primary Registration District No. 1002 Registered No. 249

FULL NAME Amanda J. Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE Widow
MARRIED _____
WIDOWED _____
OR DIVORCED _____
(Write the word)

DATE OF BIRTH Dec 4, 1846
(Month) (Day) (Year)

AGE 65 yrs. 1 mos. 14 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

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

PARENTS
NAME OF FATHER Unknown & Haven
BIRTHPLACE OF FATHER (City or town, State or foreign country) Indiana
MAIDEN NAME OF MOTHER South Knoll
BIRTHPLACE OF MOTHER (City or town, State or foreign country) America

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 24, 1911, to Jan 18, 1912, that I last saw her alive on Jan 17, 1912, and that death occurred, on the date stated above, at 12³⁰ a.m.

The CAUSE OF DEATH* was as follows:
177th Cholecystitis - and 46E possibly carcinoma of gall bladder

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory none
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) A. L. Hunt M. D.
Jan 19, 1912 (Address) 1722 E 8th

*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 _____

PLACE OF BURIAL OR REMOVAL Mt Washington DATE OF BURIAL Jan 20, 1912
UNDERTAKER A. Anderson ADDRESS 508 W 16th

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. Williams
ADDRESS 1225 Baltimore
JAN 22 1912 W. S. Wheeler
FILED _____ REGISTRAR

