

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

Do not use this space.

9278

**1. PLACE OF DEATH**

County.....Jackson  
Township.....Kaw  
City.....Kansas City

Registration District No. 399  
Primary Registration District No. 1007  
(No. 1112 West 41st St.)

File No. ....  
Registered No. 478  
St. .... Ward)

**2. FULL NAME** Anna Lee Williams

(a) Residence. No. 1112 West 41 St. St., 7 Ward.  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 23, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>hrs.</u> or <u>min.</u>
	72	11	6	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ky.  
(STATE OR COUNTRY)

10. NAME OF FATHER William Bromley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Vir.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.  
(STATE OR COUNTRY)

14. INFORMANT Mrs. B. Johnson  
(Address) 3121 Forest

15. FILED 3/30, 1928 M. M. Lawrence REGISTRAR  
Asst.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 29 1928

17. I HEREBY CERTIFY That I attended deceased from 7:20 1928, to 11:00 P.M. 1928, that I last saw him alive on Mar 28 1928, and that death occurred, on the date stated above, at 8:00 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Senile Dementia  
Chronic Inf. Arter.  
CONTRIBUTORY (SECONDARY)  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Sputum  
(Signed) B. S. Hart, M. D.  
3/20, 1928 (Address) 636 Ogden St. Bldg.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cremation at Elmwood DATE OF BURIAL 3/31/28 19

20. UNDERTAKER Rev. Lindsey Sons ADDRESS City

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.

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2/27/6