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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 33664

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 4108, Tracy St. Ward)

2. FULL NAME Edwin L Williams

(a) Residence. No. 4108 Tracy St., [illegible] Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Bertha J Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-3-1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	58	6	11	

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

9. BIRTHPLACE (CITY OR TOWN) Joplin
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Monsey Williams

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Bertha Williams
(Address) 4108 Tracy

15. FILED 10/15, 1928 M M Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-14 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct-14, 1928, to Oct-14, 1928, that I last saw him alive on Oct-14, 1928, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
1884
74 A 97 (duration) 5 hours yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 8 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?
(Signed) [illegible] M. D
10/15, 1928 (Address) 4525 Prospect Ave

*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	DATE OF BURIAL
Forest Hill	Oct-16 1928
20. UNDERTAKER	ADDRESS
Dr Newcomers Sons	K.C. Mo.

4523 Prospect
Wab 0118
2-4-