

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.

37205

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. Old City Hospital)

Registration District No. 399
Birth Registration District No. 1007

File No. _____
Registered No. 4416
St. _____ Ward _____

2. FULL NAME

Williams, Sorsie
(a) Residence. No. 1917 819A St. 4 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 8 24

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

9. BIRTHPLACE (CITY OR TOWN) Murisphyborough
(STATE OR COUNTRY) Tenn

10. NAME OF FATHER Edmund Emery

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

12. MAIDEN NAME OF MOTHER Martha Norman

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

14. INFORMANT Allice Rolly
(Address) 253 E. 4th St.

15. FILED 1/5 28 M.M. Conroy
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 27 1928

17. I HEREBY CERTIFY, That I attended deceased from November 20, 1928, to November 27, 1928
that I last saw h. er alive on Nov 27, 1928, and that death occurred, on the date stated above, at 5 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Cardiac Decompensation

CONTRIBUTORY Prone Rheinitis
(SECONDARY) Chr. Myocarditis 2
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT IN PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Physical
(Signed) J. G. Smith, M. D.
11/28, 1928 (Address) Old City Hospital

*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 Blue Ridge Cemetery DATE OF BURIAL 12-5 1928

20. UNDERTAKER West, Appleton & Jones ADDRESS 1600 E. 19th St.

