

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

Do not use this space.

1872

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 465  
 Township Kaw Primary Registration District No. 1002 Registered No. 465  
 City Kansas City (No. 3917) Bellefontaine St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 3917 Bellefontaine St., \_\_\_\_\_ 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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. M. Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6, 1847

7. AGE YEARS 86 MONTHS 4 DAYS 23 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) Housewife  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Washington  
 (STATE OR COUNTRY) va.

10. NAME OF FATHER Andrew Williams

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

12. MAIDEN NAME OF MOTHER Mary-Unknown

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

14. INFORMANT Mrs. Clyde Fritoe  
 (Address) 3917 Bellefontaine

15. FILED 1-30-29 M. M. Emel REGISTRAR  
Asst

**2) MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 19 29

17. I HEREBY CERTIFY that I attended deceased from Jan 29 5:00 pm, 1929, to Jan 29 5:00 pm, 1929 that I last saw h. \_\_\_\_\_ alive on Sat. Jan 29, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

Cardiac Decompensation  
9/10  
160 (duration) 30? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Senility  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 9015  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings  
 (Signed) Thos. C. M. Stale, M. D.  
 \_\_\_\_\_, 1929 (Address) 5400 Indep 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 Loachon, Mo. DATE OF BURIAL Jan 31 19 29

20. UNDERTAKER J. H. Newcomer's / ADDRESS West. Co. Mo.

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.

... .. State

5400 Inlet Rd.

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