

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

Do not use this space.

10664

1171

1. PLACE OF DEATH

County Jackson Registration District No.

Township Kaw Primary Registration District No.

City Kansas City (No. 728, East 72nd Terrace) (Ward)

File No.

Registered No.

2. FULL NAME

(a) Residence. No. 728 E. 72nd Terrace St. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds.

(If nonresident give city or town and State)

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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25, 1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 12 4 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Dyle E Williams

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

12. MAIDEN NAME OF MOTHER Era Lay

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Rich Hill Mo.

14. INFORMANT Mr Dyle Williams (Address) 728 E. 72nd Terrace

15. FILED 3/9/29 M M Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7 19 29

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1929, to March 7, 1929, that I last saw him alive on March 6, 1929, and that death occurred, on the date stated above, at 7:30 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis (acute Epidermit)

CONTRIBUTORY (SECONDARY) DK (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

19. WAS THERE AN AUTOPSY? No WHAT TEST CONFIRMED DIAGNOSIS? No further structure of specimen + microscopic examination (Signed) Edwin Perry Schum, M. D. March 8, 1929 (Address) 822 North Blvd

*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 Forest Hill DATE OF BURIAL March 9 1929

20. UNDERTAKER W. H. Newcomer's Sons ADDRESS K. C. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

9261
1
2
1

Jan 4 1974

~~877 West 13th Bldg.~~

VA 4547

7:00 AM Sat Day

Keystone Bank