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. 5170
Township: Kaw — Primary Registration District No. 1002 — Registered No. 828
City: Kansas (No. Gen Hospt #2 St. Ward)

2. FULL NAME: Williams Lawrence (Williams)
(a) Residence. No. 511 E 17th St St., 3 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: M
4. COLOR OR RACE: col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 17 – 1875

7. AGE: 55 YEARS — MONTHS: 1 — DAYS: 0 — If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): S. C.

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Record Clerk
(Address) Gen'l Hospital #2

15. FILED 2/22, 1930 M. M. Crowe REGISTRAR
ass't

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1930 to Feb 17, 1930 that I last saw him alive on Feb 17, 1930, and that death occurred, on the date stated above, at 6:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic Congestion of Lungs
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY): Chr Myocarditis
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED? 90B
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) D. M. Smith, M. D.
2/17, 1930 (Address) Gen Hosp #2

*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 Lawn — DATE OF BURIAL: Feb 24 1930

20. UNDERTAKER: Walker Bros — ADDRESS: 1729 Lydia