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

Do not use this space.

5273

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 931

Township Kansas Primary Registration District No. 16 Registered No. 931

City Kansas City (No. General Hosp #2 St. Ward)

Mo. Adolph Williams

2. FULL NAME

(a) Residence. No. 2323 Woodland St., 4 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	Col	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 6-1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	11	19	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

PARENTS
10. NAME OF FATHER Jno Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Aradine Turner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT Record Clerk
(Address) General Hosp. #2

15. FILED 2/28, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-21-30 to Feb 25th, 1930, to Feb 25, 1930 that I last saw him alive on Feb 25, 1930 and that death occurred, on the date stated above, at 3:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) 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? Physical exam
(Signed) H. M. Smith M. D.
2/26, 1930 (Address) R. General 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	DATE OF BURIAL
Highland	2/28 1930

20. UNDERTAKER	ADDRESS
Mathews Brothers	1729 Lydia

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.