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

Do not use this space.

36215

File No. 4621

Registered No.

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Wesley Hospt St. Ward)

2. FULL NAME Harry H. Williams
(a) Residence. No. 1309 Harrison St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 2 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29-1888

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
41	10	13	

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

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

PARENTS
10. NAME OF FATHER Thos Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Carrie Fox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Verna A. Williams
(Address) 1309 Harrison

15. FILED 11/14, 1930 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 Wed.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 12 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-6, 1930, to 11-12, 1930 that I last saw h. alive on 11-12, 1930, and that death occurred, on the date stated above, at 11:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

117 Gastric Ulcer - Ruptured
129
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Peritonitis - general
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 11-6-30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) C. H. Brady, M. D.
11-13, 1930 (Address) 726 Lathrop Bldg K C Mo

*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
Agency. Mo.	Nov. 15 1930
20. UNDERTAKER	**ADDRESS**
Taylor Funeral Home	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.

"C. H. Brady, U S Lathrop Bldg.
Pres 1514 E 51st st 6 P.M.