

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

Do not use this space.

14087

1594

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City, Mo (No. 2939 Lockridge)

Registration District No. 399

Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William H. Townley

(a) Residence No. 2939-Lockridge St. 111 Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 6 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Caucasian 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) Jan-6-1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
24 2 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Employee of K.C. Life Ins. Co.  
(b) General nature of industry, business, or establishment in which employed (or employer) 141  
(c) Name of employer K.C. Life Ins. Co.

9. BIRTHPLACE (CITY OR TOWN) Albany, Kansas  
(STATE OR COUNTRY) 2

10. NAME OF FATHER Chas. O. Townley  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) State of Ill.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Alberta Callaud  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) State of Ohio  
(STATE OR COUNTRY)

14. INFORMANT Mrs. W. Townley  
(Address) 2939 Lockridge, K.Mo

15. FILED 4-4-31 mm/mw  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 31st, 1931, to Apr 3rd, 1931, that I last saw him alive on Apr 3rd, 1931, and that death occurred, on the date stated above, at 3:30 p. m.

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

Pulmonary Tuberculosis  
23A  
23B  
(duration) 3 yrs. 5 mos. 5 ds.

CONTRIBUTORY (SECONDARY) Haemorrhage  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED 23B  
NOT AT PLACE OF DEATH Do not know

19. HAD AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS yes  
(Signed) Charles G. Duffus M. D.  
4-4-1931 (Address) 226 Rathway Ave, KC 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 Charles Kansas DATE OF BURIAL 4/6 1931

20. UNDERTAKER H E Julien ADDRESS Charles

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.

THIS IS A PERMANENT RECORD

1870  
April 23

1870  
April 23

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