

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

Do not use this space.

18306

**1. PLACE OF DEATH**

County Jackson  
Township Rau  
City Stamps, Mo.

Registration District No. 399

Primary Registration District No. 1002

File No. \_\_\_\_\_

Registered No. 2459

**2. FULL NAME**

(a) Residence. No. 2924 N. Olive St., \_\_\_\_\_ Ward. K. 6 Kans  
(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 Female 4. COLOR OR RACE Col 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) Dec - 2 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
42 5 26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work School Teacher  
(b) General nature of industry, business, or establishment in which employed (or employer) 214  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

**10. NAME OF FATHER**

James W. Williams

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

**12. MAIDEN NAME OF MOTHER**

Susie R. Page

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

**14.**

INFORMANT Susie Williams  
(Address) 2924 N. Olive K. 6. Mo

**15.**

FILED Jan 2 1931 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1931

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1931, to \_\_\_\_\_, 1931, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ 8:35 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Peritonitis  
12/13 (duration) yrs. mos. 10 ds.  
CONTRIBUTORY (SECONDARY) Appendicitis  
(duration) yrs. mos. 20 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 10 1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Chas. R. Humphrey M. D.

6-1-1931 (Address) 1520 E. 18th Kansas City 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**

West Lawn Cem June 2 1931

**20. UNDERTAKER**

**ADDRESS**

Nathan Whoteln 1520 N

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.

