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

85

File No. 30627
Registered No. 992

1. PLACE OF DEATH

County: Buchanan — Registration District No.:
Township: — Primary Registration District No.: 1001
City: St. Joseph — (No. State Hosp #2 St. Ward)

2. FULL NAME Jessie Lee Williams

(a) Residence, No. St. Joseph Missouri St., Ward. Liberty Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 7 mos. 24 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)
Female	white	Yes.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
43	3	5	

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

9. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Joseph Pfeiffer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary Thompson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Kentucky

14. INFORMANT Hospital Records
(Address) State Hosp #2 St. Joseph

15. FILED 9-28, 1931 John R. Bender M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1931

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Sept 27 1931 that I last saw h. alive on Sept 27, 1931, and that death occurred, on the date stated above, at 11:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis over (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Dementia Praecox over (duration) 4 yrs. 7 mos. 24 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? X-Ray

(Signed) Clifton Smith, M. D.
Sept 27, 1931 (Address) State Hosp #2 St Joseph 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: Liberty Mo — DATE OF BURIAL: 9/28 31

20. UNDERTAKER: Gleeley-Hanes — ADDRESS: 216 So 10th

OCT 22 1931

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD