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.

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

Do not use this space.

41099

File No. 5088

Registered No.

1. PLACE OF DEATH

County Jackson  Registration District No. 399

Township  Primary Registration District No. 1 C C 2

City Kansas City (No. 1721 W. 45th St. Ward)

2. FULL NAME Emma Williams

(a) Residence, No. Rochester, Ill. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 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) |
|---|---|---|
| female | white | widow |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/23/1857

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 5 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 12/26  11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lamont, Ill.

FATHER

13. NAME Edwin Leslie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N Y

MOTHER

15. MAIDEN NAME -----Patterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N Y

17. INFORMANT M. A. Williams
(ADDRESS) 1721 W. 45th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Springfield, Ill. DATE 12/24 19 31

19. UNDERTAKER Geo. H. Long
(ADDRESS) K. C. K.

20. FILED 12/24 19 31 M. M. Crouse Registrar.

## 4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24 19 31

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1931, to Dec 24, 1931

I last saw her alive on Dec 24, 1931. Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis — primary with Cardiac Decompensation | |
| A.D. 996 | |
| 9513 | |
| Other contributory causes of importance: Bronchopneumonia Earth | |
| pulmonary edema | Dec 24, 1931 |
| C | |

Name of operation NO Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) F. Stanley Morrest, M. D.

(Address) 520 Professional Bldg. Kansas City, Mo.