

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

Do not use this space.

4708

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 505  
 Township Rail Primary Registration District No. 100 Registered No. 505  
 City Kansas City (No. 3931 Harrison) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs Henrietta Webster Williams  
 (a) Residence, No. 3931 Harrison St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>C. R. Williams</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 15-1854</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>3</u>	DAYS <u>26</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts</u>				
FATHER	13. NAME <u>Amos Richardson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Robert N. Breamback</u> (ADDRESS) <u>3931 Harrison</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gibson, Neb.</u> DATE <u>Febr. 11 1932</u>				
19. UNDERTAKER <u>D. H. Newcomer Sons</u> (ADDRESS) <u>Kansas City, Mo.</u>				
20. FILED <u>2/11 1932</u> Registrar <u>M. B. Crowe</u>				

**MEDICAL CERTIFICATE OF DEATH**

H

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10, 1932

22. I HEREBY CERTIFY, that I attended deceased from Nov. 10 1931 to Feb. 10 1932  
 I last saw her alive on Feb. 9 1932 Death is said to have occurred on the date stated above, at 12:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage 11/9/31  
Wernia 2/4/32  
 Other contributory causes of importance:  
Arteriosclerosis  
Angina Pectoris  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Chinid Was there an autopsy? No.

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) J. P. Doughman, M. D.  
 (Address) 1032 Prof. Prof. K. P. Mo

COPY TO FILE 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.

1032 Professional Bldg.

1:45 - 3:30