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.

22942

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 1317 E 22nd St. Ward)

File No.
Registered No. 2854

2. FULL NAME Cora B. Williams
(a) Residence, No. 1317 E 22nd St., 4 Ward.
(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 Fe
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1877
7. AGE YEARS 55 MONTHS 1 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 35
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) K. C. Mo. 1

FATHER
13. NAME Unk Davis 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. 31

MOTHER
15. MAIDEN NAME Mary Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

17. INFORMANT (ADDRESS) Wilson Williams 1317 E 22nd
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 7/21 1932
19. UNDERTAKER (ADDRESS) Watkins Bros Undt Co 1729 Lydia
20. FILED July 21 1932 M. M. Crowe Asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/19, 1932
22. I HEREBY CERTIFY, That I attended deceased from May 17, 1932, to June 18, 1932
I last saw her alive on June 18, 1932. Death is said to have occurred on the date stated above, at 12:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	Feb 1932
92A	
117A	

Other contributory causes of importance:
Mitral Insufficiency (Indefinite)

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? (1) 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) W. C. Wilson, M. D.
(Address) 920 Argyle Bldg Kansas City Mo

H C Willard