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.

35756

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1
Township Kaw — Primary Registration District No. 1003 — Registered No. 4263
City Kansas City (No. 4049 Forest St. Ward)

2. FULL NAME Bertha Williams
(a) Residence, No. 4049 Forest St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	5	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 235
10. Date deceased last worked at this occupation (month and year) Nov. 4, 1932
11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany 10

FATHER
13. NAME Henry Schulz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Marie Necher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Thomas J. Williams 4049 Forest

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope, K. C. K. DATE 11/14/32, 19

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

20. FILED Nov 13, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1932, to Nov 11, 1932
I last saw her alive on Nov 11, 19.... Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/3/32
131	
87A	
107	

131 (1)

Other contributory causes of importance:
Hyper tension
Chronic nephritis { 5 years

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory 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) Owen Stringer, M. D.
(Address) 220 Argyle Bldg

304
Vi. 4960