

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Wau Primary Registration District No. 1078  
 City Kansas City (No. General Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 39752  
 Registered No. 4759

**2. FULL NAME**

Ellas Williams  
 (a) Residence, No. 1522 Lydia St. 1 Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>?</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 17-1892</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>10</u>
	DAYS <u>13</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>Texas</u> <u>2</u>		
MOTHER	13. NAME <u>John Dobson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	
	15. MAIDEN NAME <u>Mary Pope</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>		
17. INFORMANT (ADDRESS) <u>Record Clerk, General Hospital #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>12/14</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Watkins Bros. Undertakers, 1729 Lydia</u>		
20. FILED <u>12-14-32</u> <u>M. D. Crowe</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-32

22. I HEREBY CERTIFY, That I attended deceased from 12-10-32, 1932, to 12-10-32, 1932.  
 I last saw him alive on 12-10-32, 1932. Death is said to have occurred on the date stated above, at 3:30 PM.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis  
Chronic Hypertension  
Hypostatic Pneumonia  
Uremia  
 Date of onset 131  
 Other contributory causes of importance: 127.0  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Yes Are an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932.  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. P. [Signature] M. D.  
 (Address) General Hospital #2

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.

ORIGINAL RESERVED FOR BINDING

