

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

Do not use this space.

1668  
398

**1. PLACE OF DEATH**

County Jackson Registration District No. 309  
Township Jaw Primary Registration District No. 1004  
City Kansas City (No. 107 So Elmwood St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Miss Daisy Helen Williams

(a) Residence, No. 107 So Elmwood St. 10 Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 10 yrs. mos. \_\_\_\_\_ ds. \_\_\_\_\_  
(If nonresident, give city or town and State)  
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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 21st, 1912</u>		
7. AGE YEARS <u>20</u>	MONTHS <u>4</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</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>Jackson Miss.</u>		
13. NAME <u>Dr. Chas. S. Williams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>		
15. MAIDEN NAME <u>Virginal Cruse</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>		
17. INFORMANT <u>Miss Grace Williams</u> (ADDRESS) <u>106 So. Elmwood</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill Cem.</u> DATE <u>1/25/33</u>		
19. UNDERTAKER <u>W. F. Jayberry</u> (ADDRESS) <u>City</u>		
20. FILED <u>Jan. 24 1933 M. M. Cruse</u> <u>Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1933, to Jan 22, 1933  
I last saw her alive on Jan 20, 1933. Death is said to have occurred on the date stated above, at 3:45 P.M.  
The principal cause of death and related causes of importance were as follows:  
Dissect of Lung  
III B  
Other contributory causes of importance: unknown III B

Name of operation None 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) W. F. Jayberry, M. D.  
(Address) 103 1/2 Elmwood

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.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

MOBILE, ALA

STATE OF ALABAMA

Dr. G. H. Jones  
103 N. Elmwood  
Mn 4191