

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

Do not use this space.

26833

**1. PLACE OF DEATH**

County JACKSON Registration District No. 999  
 Township KAW Primary Registration District No. 1602  
 City KANSAS CITY (No. 3503 EAST-58<sup>TH</sup> ST TERRACE St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 3386

**2. FULL NAME** MRS. IRENE COLEMAN WILLIAMS

(a) Residence, No. 3503 - EAST-58<sup>TH</sup> ST. TERRACE 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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>ELMER WILLIAMS</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>SEPTEMBER-11-1908</u>		
7. AGE	YEARS	MONTHS
	<u>24</u>	<u>11</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>HOUSEWIFE</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>FORT SCOTT KANSAS</u>		
FATHER	13. NAME <u>CHARLES A. COLEMAN</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>FORT SCOTT KANSAS</u>	
MOTHER	15. MAIDEN NAME <u>D. B. TRUMBO</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LIBERTY MISSOURI</u>	
17. INFORMANT <u>MR. ELMER WILLIAMS</u> (ADDRESS) <u>3503 - EAST-58<sup>TH</sup> ST. TERR.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MEMORIAL PARK</u> DATE <u>AUGUST-26-1933</u>		
19. UNDERTAKER <u>D. W. NEWCOMER'S SONS</u> (ADDRESS) <u>2111 - EAST-9<sup>TH</sup> ST.</u>		
20. FILED <u>8/24 1933</u> <u>M. M. Lerner</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST-24-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1933, to 8-23, 1933  
 I last saw h. or alive on 8-23, 1933 Death is said to have occurred on the date stated above, at 8:00 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Acute malignant and Carditis Date of onset About 1 year ago  
 Other contributory causes of importance:  
Diseases of lungs liver & kidneys

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Were 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) Samuel Ayres, M. D.  
 (Address) 707 Arroyo Rd. Bldg.

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.

SEP 26 1933

707 Argyle Bldg.

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