

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

Do not use this space.

29911

1. PLACE OF DEATH

County JACKSON Registration District No. 839
 Townshp. RAW Primary Registration District No. 3002
 City KANSAS CITY (No. 316 N. ELMWOOD) St. _____ Ward _____

File No. _____
 Registered No. 3837
 St. _____ Ward _____

2. FULL NAME MRS. ALICE MARY WILLIAMS

(a) Residence, No. 316 N. ELMWOOD St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARLES WILLIAMS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY-20-1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 6

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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) LONDON
 (STATE OR COUNTRY) ENGLAND

FATHER 13. NAME J. B. SMITH

14. BIRTHPLACE (CITY OR TOWN) ENGLAND
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME HARNOTT

16. BIRTHPLACE (CITY OR TOWN) ENGLAND
 (STATE OR COUNTRY)

17. INFORMANT MRS. RAY HAYNIE
 (ADDRESS) 316 N. ELMWOOD

18. BURIAL, CREMATION, OR REMOVAL
 PLACE ELMWOOD DATE SEPT-28-1933

19. UNDERTAKER D. W. NEWCOMER'S SONS
 (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 9/28 1933 M. M. Corone
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 26 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933, to Sept 26, 1933

I last saw her alive on Sept 26, 1933 Death is said to have occurred on the date stated above, at 2:35 P.

The principal cause of death and related causes of importance were as follows:

Pneumonia lobar-
108
 Other contributory causes of importance: None
 Date of onset July

Name of operation None Date of _____
 What test confirmed diagnosis bluic 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? _____
 If so, specify _____ (Signed) Charles Nelson, M. D.

(Address) 1200 Park Ave

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 20 1933

