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.

MAR 24 1934

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

Do not use this space.

4914

1. PLACE OF DEATH

County Jackson — Registration District No. 68 — File No.

Township Kaw — Primary Registration District No. — Registered No. 638

City Kansas City (No. 4230 Troost St. Ward)

2. FULL NAME Nora Dean Williams

(a) Residence, No. 4230 Troost Avenue 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Howard A. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 16, 1866

7. AGE: Years 67 — Months 1 — Days 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Cleveland Missouri

FATHER

13. NAME: John E. Laffoon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Roseann Powell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): W. E. Kellar 4230 Troost

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Memorial Park Cemetery DATE: 2-9-1934

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 William Plaza

20. FILED: 2/9 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1933, to Feb 7, 1934

I last saw her alive on Feb 7, 1934. Death is said to have occurred on the date stated above, at A. m. 1:45

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

Cerebral Hemorrhage — Date of onset: Feb 7 Nov 17, 1933

82 A
77

Other contributory causes of importance:

Arteriosclerosis — 5 yrs.

Name of operation: None — Date of

What test confirmed diagnosis? None — Was there an autopsy?

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? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: No

(Signed) Milton B. Casebolt, M. D.

(Address) 1207 Rialto Bldg K.C. Mo