

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.

APR -25 1934

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

Do not use this space.

8904

PLACE OF DEATH
County Jackson
Township Kearney
City Kansas City (No. 2832)

Registration District No. 000
Primary Registration District No. 1000
Belle St

File No. 1095
Registered No. 1095
St. _____ Ward _____

2. FULL NAME Emma L. Williams

(a) Residence, No. 2832 Belle St. _____ 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1886
7. AGE YEARS 48 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic
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) Mexico

MOTHER FATHER
13. NAME R. E. Huff

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

MOTHER FATHER
15. MAIDEN NAME unknown

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

17. INFORMANT Laura Rhodes
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 3/9/34

19. UNDERTAKER (ADDRESS) W. B. Moore
1820 E-18 Street

20. FILED Mar 8, 1934 M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-27-34, 1934, to 3-4-34, 1934.
I last saw her alive on 3-4-34, 1934. Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:
108

Date of onset
Lobar Pneumonia

Other contributory causes of importance:
100

Name of operation _____ Date of _____
What test confirmed diagnosis Phys. Exam 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 3-4-34, 1934
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) W. B. Barker, M. D.
(Address) 2028 - Vine

