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.

AUG 21 1934

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

Do not use this space.

24359

1. PLACE OF DEATH
County Jackson — Registration District No. 3 — File No. 24359
Township Kaw — Primary Registration District No. 2 — Registered No. 2936
City Kansas City (No. 5101 Olive St. Ward)

2. FULL NAME Elizabeth Williams
(a) Residence, No. 5101 Olive St. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Married
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 19 1855

7. AGE: YEARS 78 — MONTHS 7 — DAYS 20 — 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): Wisconsin

FATHER
13. NAME: David Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

MOTHER
15. MAIDEN NAME: Elizabeth Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

17. INFORMANT (ADDRESS): David E. Williams 5101 Olive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cambria Wis DATE 7-2 1934

19. UNDERTAKER (ADDRESS): Steve & McClure 3235 Gillham Plaza

20. FILED July 2, 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1934, to 7-1-34, 19..
I last saw her alive on 7-1-34, 19.. Death is said to have occurred on the date stated above, at P. m. 2:30
The principal cause of death and related causes of importance were as follows:

93C
1323
93C Uremia

Date of onset

Other contributory causes of importance: Chr. Myocarditis

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) D. R. Braden, M. D.
(Address) 1115 Grand K.C. Mo.

11 to 1

2 to 4