

OCT 22 1935

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

Do not use this space.

29710

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township LawPrimary Registration District No. 1002City Kansas City (No. 2137)Summit

File No.

Registered No. 3723

St. Ward)

2. FULL NAME

(a) Residence, No. 2137 Summit St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sep 2 - 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

50022

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)

Newton Arkansas

MOTHER FATHER

13. NAME

Robert Fulton Williams

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

Des Moines Iowa

15. MAIDEN NAME

Elizabeth Bryant

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

New Madrid Mississippi

17. INFORMANT (ADDRESS)

Oliver Williams Brother 447 W. 12th St. C. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Hope Tenn

DATE

Sep 27 - 1935

19. UNDERTAKER (ADDRESS)

Daniels Bros. 644 Kansas Ave. K.C. Kans.

20. FILED

Sep 26, 1935M. M. Crou

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 24 - 193522. I HEREBY CERTIFY, That I attended deceased from 9-24-35, 1935, to 9-24, 1935.I last saw him alive on 9-24, 1935. Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Myocarditis Chronic

Date of onset

Other contributory causes of importance:

Asthma

Name of operation

none

Date of

What test confirmed diagnosis? Exam 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? No

If so, specify

(Signed)

Alfred V. Feist

M. D.

(Address)

806 Professional 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.

Feist Prof Bldg.
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