

NOV 21 1935

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

Do not use this space.

33884

1. PLACE OF DEATH

County Jackson Registration District No.Township 1st Primary Registration District No.City Kansas City (No. 6030 Merwood St. Ward)

2. FULL NAME

(a) Residence, No. 6030 Merwood Ward. (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 Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Cornett Alley Williams6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29-18897. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 5 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House.

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) St. Louis mo.13. NAME Wm Brockmeyer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis mo.15. MAIDEN NAME Mary J. Murray16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooklyn n. y.17. INFORMANT (ADDRESS) Cornett, G. Williams 6030 Merwood18. BURIAL, CREMATION, OR REMOVAL PLACE Wakarusa DATE 10/26 193519. UNDERTAKER (ADDRESS) E. J. Carr Funeral Home St. Louis mo.20. FILED 10/26 1935 m. m. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 193522. I HEREBY CERTIFY, That I attended deceased from Oct. 22 1935 to Oct 24 1935I last saw him alive on Oct. 24 1935. Death is saidto have occurred on the date stated above, at 109 m.

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

Cerebral hemorrhage Date of onset 10-23-35Other contributory causes of importance: Hypertension arterialName of operation None Date ofWhat test confirmed diagnosis? Signs 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) Robert Jansen M. D.(Address) 2220 E 31st

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

Res.

644 Chevy St 2816