

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.

FEB 20 1936

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

Do not use this space.

1199

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 100
City Kansas City (No. 29 East 33rd)

File No.
Registered No. 1-28
St. Ward

2. FULL NAME

Martha L. Williams

(a) Residence, No. 29 East 33rd St., 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		<u>Single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 2, 1858</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>2</u>
		DAYS
		<u>2</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Christian Science</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Practitioner</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4 19 36

22. I HEREBY CERTIFY, That I attended deceased from 12/21/35, 1935, to 1/4/36, 1936.
I last saw her alive on 1/3/36, 1936. Death is said to have occurred on the date stated above, at A. m. 2:45

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

Arteriosclerosis with thrombosis
Date of onset not known

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? clinical 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 no
(Signed) J. J. Whitely, M. D.
(Address) 925 W. 16th St.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	13. NAME <u>Eli Williams</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>
	15. MAIDEN NAME <u>Samantha Williams</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT <u>H. B. Smith</u> (ADDRESS) <u>3610 Penn, Kansas City, Missouri</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Falls City, Nebr.</u> DATE <u>Jan. 6,</u> 19 <u>36</u>
	19. UNDERTAKER <u>Stine & McClure</u> (ADDRESS) <u>3235 Gillham Plaza</u>
	20. FILED <u>Jan 5 1936 M. M. Brown</u> Registrar.

Dr Joseph Webster Argyle Rd
Vic 1105-