

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 4505 Benton Blvd.)

File No. 6378
 Registered No. 1305
 St. 1305 Ward

2. FULL NAME Mrs. Ester Williams

(a) Residence, No. 4505 Benton St., 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9-1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. Williams

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to Feb 9, 1937
 I last saw her alive on Feb 7, 1937 Death is said to have occurred on the date stated above, at 8:45 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-27-1861

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>35</u>	<u>75</u>	<u>8</u>	<u>12</u>	

Other contributory causes of importance: Nephritis, chronic Hypertension 131

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) Kansas

13. NAME Edward Pople

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

15. MAIDEN NAME Dickenson

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

17. INFORMANT Narry Williams

(ADDRESS) 429 East 70 Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Pittsburg, Kans. DATE 2/10, 1937

19. UNDERTAKER Stue & McClure and Co.

(ADDRESS) Kansas City, Mo.

20. FILED 2-10-1937 M. M. Crowe, Jr. Registrar.

Name of operation _____ 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? _____ 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? _____

If so, specify _____ (Signed) E. T. M. Pople M. D.

(Address) 710 Prof Bldg

Unprofessional

Has. 3454

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