

MAY 19 1937 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

16046

1. PLACE OF DEATH

24 County Clay  
Township Gallatin  
City (No. ) St. Ward

Registration District No. 197  
Primary Registration District No. 5276

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Kate Ham Williams

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Ben F. Williams

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937, to April 22, 1937.  
I last saw him alive on April 15, 1937. 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:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1854  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 5 19

Chronic nephritis with edema  
Chronic myocarditis  
Hypertension (arteriosclerotic)  
Date of onset Jan. 1937  
1935

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Mo.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? no

13. NAME Burton Ham

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

15. MAIDEN NAME Ann Chevis

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

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. \_\_\_\_\_

17. INFORMANT (ADDRESS) Mrs Adam Craig Gashland, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Barry, Mo. DATE Apr. 24, 1937

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) McComas Mortuary Smithville, Missouri

20. FILED 4-23 1937 Upha C. Moyer Registrar.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Harry R. Steacy, M. D.  
(Address) North Kansas City, Mo

Exact statement of OCCUPATION is very important.

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