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

JUL 10 1937

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 22919

Township Kaw — Primary Registration District No. 100 — Registered No. 2755

City Kansas City (No. 701 Woodland Apt. 29 St. Ward) 2

2. FULL NAME Mrs. Alice Jane Williams

(a) Residence, No. 701 Woodland St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 53 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles H. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1854

7. AGE: YEARS 82 — MONTHS 9 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Pekin Ill.

FATHER

13. NAME Jacob MacKasson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Sarah Sennett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Miss. Grace Williams 701 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE June 26, 1937

19. UNDERTAKER (ADDRESS) D.W. Newcomer's Sons

20. FILED 6/25, 1937 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/22, 1937, to ....., 19..

I last saw her alive on 6/22, 1937. Death is said to have occurred on the date stated above, at 3:20 P.M.

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

	Date of onset
Cerebral Haemorrhage	6/22/37

92a

Other contributory causes of importance:

Chronic Valvular Heart Disease	1925

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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?

If so, specify .....

(Signed) R. A. Williams, M. D.

(Address) 5400 S. John Ave K.C. MO

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Dr. R. R. Williams
5400 St. John