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

Do not use this space.

JUL 10 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 22920
Township Raw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. General Hosp #2 St. [illegible] Ward)

2. FULL NAME Jeanette Williams
(a) Residence, No. 2447 Forest 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 Fe
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married.

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Harry Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1886

7. AGE 231 — YEARS 50 — MONTHS 11 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
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) Ky

FATHER
13. NAME Harvey Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Ky.

MOTHER
15. MAIDEN NAME Mariah Hickman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Ky.

17. INFORMANT (ADDRESS) Mary H. Duff R. #6, Box 77, St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Joseph Mo. DATE 6/25, 1937

19. UNDERTAKER (ADDRESS) Watkins Bros. 1749 Lydia

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/23/37, 19

22. I HEREBY CERTIFY That I attended deceased from [illegible] to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:25 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic hypertensive myocarditis. 93c

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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) [illegible], M. D.
(Address) [illegible]

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.