

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

Do not use this space.

3
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1. PLACE OF DEATH

48 County Jackson Registration District No. 404
 Township W Washington Primary Registration District No. 5558
 City Kansas City (No. Armour Memorial Home) St. _____ Ward _____

File No. 3039
 Registered No. 6

2. FULL NAME

Alice McEl Roy Williams 452
 (a) Residence, No. Armour Memorial Home St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 7 6

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) Iowa

13. NAME William Montgomery McElRoy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Mae Parson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Armour Memorial Home Records
 (ADDRESS) 81st & Wornall Road, Kansas City

18. BURIAL, CREATION, OR REMOVAL Forest Hill Cemetery
 PLACE Kansas City, Mo. DATE Jan. 31, 1938

19. UNDERTAKER Stine & McClure
 (ADDRESS) 3235 Gillham Pla a.

20. FILED Feb. 12, 1938 R. V. Lindsey & Sons
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan-10, 1938 to Jan 31, 1938

I last saw h. e. alive on Jan 31, 1938 Death is said to have occurred on the date stated above, at _____ P. _____ m. 2:35
 The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Dementia

Other contributory causes of importance: 97
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? 740

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? 740
 If so, specify _____
 (Signed) O. O. Cantrell M. D.
 (Address) 810 Army Street

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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.

RECEIVED

FEB 25 1938

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