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

1. PLACE OF DEATH

County _Jackson_ Registration District No. _____ File No. _4337_

Township _Kaw_ Primary Registration District No. _____ Registered No. _____

City _Kansas City_ (No. _K.C. General Hosp K.C. Mo_ St. _____ Ward)

2. FULL NAME _Dr. Porter E. Williams_

(a) Residence, No. _K.C. Gen Hosp_ St. _3_ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred _9_ 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF _Mrs Aussie Williams_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _unk. 1866_

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Physician_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _Supt K C Gen Hosp_

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) _Versailles_ (STATE OR COUNTRY) _Morgan Co. Mo_

FATHER

13. NAME _Dr. G A Williams_

14. BIRTHPLACE (CITY OR TOWN) _Versailles_ (STATE OR COUNTRY) _Mo_

MOTHER

15. MAIDEN NAME _Alpha Davis_

16. BIRTHPLACE (CITY OR TOWN) _Cooper County_ (STATE OR COUNTRY) _Mo_

17. INFORMANT (ADDRESS) _Record Clerk K.C. Gen. Hosp. K.C. Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Boonville Mo_ DATE _Nov 79 32_

19. UNDERTAKER (ADDRESS) _Kline and McClure K.C. Mo_

20. FILED _11/19 32_ _M M Crowe asst_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Nov 18_ 19_32_

22. I HEREBY CERTIFY, That I attended deceased from _9-20_ 19_32_ to _Nov-18_ 19_32_

I last saw h__ alive on _12--18_ 19_32_ Death is said to have occurred on the date stated above, at _11:50_ m.

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

	Date of onset
Generalized Arteriosclerosis	

Other contributory causes of importance: _Coronary Thrombosis_

Name of operation _None_ 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) _J H Jennett_ , M. D.

(Address) _First Supt Gen Hosp_