

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

Do not use this space.

19848

File No. **2563**
Registered No. **2563**
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township K2u Primary Registration District No. 1002
City Kansas City (No. 2612 Drury)

2. FULL NAME Mrs. Mary E. Williams

(a) Residence, No. 2612 Drury 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1881

7. AGE YEARS 52 MONTHS 1 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Marion County Mo.

13. NAME William Birdsong

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

15. MAIDEN NAME Nancy Ann Saline

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

17. INFORMANT Mrs. A. L. Williams (ADDRESS) 2612 Drury

18. BURIAL, CREMATION, OR REMOVAL PLACE California, Mo. DATE JUNE 20, 1933

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS) 211 East 9th St. K.C. Mo.

20. FILED June 19, 1933 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1933

22. HEREBY CERTIFY, That I attended deceased from June 15, 1933, to June 15, 1933

Last saw her alive on June 15, 1933 Death is said to have occurred on the date stated above, at 8:45 P. m.

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

Cerebral Hemorrhage Date of onset 8:20
8:20
99 8:20

Other contributory causes of importance: Arterio Sclerosis

Name of operation None Date of _____

What test confirmed diagnosis? Physical examination 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) Edward C. Jenks, M. D.
(Address) 712 Ogden Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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Dr. E. C. Toubert
712 Argyle Bldg.
12:00.5