

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

Do not use this space.

30454

1. PLACE OF DEATH  
 Com. Jackson Registration District No. 399  
 Township Raw Primary Registration District No. 1007  
 City Kansas City, Mo. 1910 16

File No. 361  
 Registered No. 361  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Margaret Williams  
 (a) Residence. No. 1910 E. 19th St. (Rear) Ward 4  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 2 yrs. 2 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
3.0 | | | 14

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Liberty  
 (STATE OR COUNTRY) mo

10. NAME OF FATHER Liston Stewart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Liberty  
 (STATE OR COUNTRY) mo

12. MAIDEN NAME OF MOTHER Lou Menefee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Liberty  
 (STATE OR COUNTRY) mo

14. INFORMANT Mrs. Celestia Meeks  
 (Address) 819 Freeman ave. K.C., K.

15. FILED 10/20, 1927 M.M. Cronin  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-16- 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-16- 1927, to 10-16- 1927, that I last saw him alive on 10-16- 1927, and that death occurred, on the date stated above, at 3:00 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio-sclerotic  
regurgitation (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) dropsy (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED? not known  
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam  
 (Signed) W. Booker M. D.  
10/17, 1927 (Address) 2128 - View St

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cemetery DATE OF BURIAL 10/20/27 19

20. UNDERTAKER Thos. E. Greenstreet ADDRESS 1819 E. 15th St. K.C.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

