Vi 4815

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

Do not use this space.

36920

1. PLACE OF DEATH
County Jackson. Registration District No. 399
Township Kaw Primary Registration District No. 100
City Kansas City (No. 1311 Brooklyn St. Ward)

File No. 4569
Registered No.

2. FULL NAME Laura Williams.
(a) Residence. No. 1311 Brooklyn St., 9 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 Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15 1833

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
95	2	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) 131
(c) Name of employer 11

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

PARENTS
10. NAME OF FATHER Nelson Reynolds
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Sarah Clarke
(Address) 1311 Brooklyn

15. FILED 11/12, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/9 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1928, to Nov 9, 1928, that I last saw her alive on Nov 9, 1928, and that death occurred, on the date stated above, at 2 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial Nephritis
Chronic
(duration) yrs. 1 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Asthma-Bronchial
(duration) yrs. mos. 7 ds.

129 A

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) G. A. Bush, M. D
11/12, 1928 (Address) 715 Argyle Bldg

*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 Cem
DATE OF BURIAL 11/12 1928

20. UNDERTAKER Watkins Bros
ADDRESS 1729 Lydia

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.

J. A. Rush. 715 Argyle Vic 4815
5511 Brooklyn