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

Do not use this space.
1458

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. St. Joseph Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 45
Registered No.

2. FULL NAME: Joseph Lee Williams
(a) Residence. No. Ft. Worth Texas 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. 2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

46
109
1-8-29
51-262

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan, 29th, 1848

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
80	11	4	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky

PARENTS
10. NAME OF FATHER: Alexander Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Jane Lee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ireland

14. INFORMANT: Mrs Robert Hodge
(Address): Park Lane Hotel

15. FILED: Jan 4, 1929 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1928, to Jan 3, 1929, that I last saw him alive on Jan 3, 1929, and that death occurred, on the date stated above, at 3 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uraemia
51B
139B
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Cancer of bladder
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF Dec 8-1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Observation
(Signed) Fred Kabernagel, M. D
1/4, 1929 (Address) 928 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: Ft. Worth Texas
DATE OF BURIAL: 1/3 - 1929
20. UNDERTAKER: The Taylor Funeral Home Inc
ADDRESS

Leon Rosenwald
928 Argyle.