

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

Do not use this space **30**
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1. PLACE OF DEATH

County Jackson Registration District No.
Township Raw Primary Registration District No.
City Kansas City (No. K.C. General Hosp) St. Ward)

File No.
Registered No.

2. FULL NAME

(a) Residence. No. 81 1/2 Blue Ridge Road 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 (OR) WIFE OF James Smith
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 - 1901
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 3 15

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) g. o. s.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Denver
(STATE OR COUNTRY) Colorado

PARENTS
10. NAME OF FATHER O. P. Williamson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER Blanch Crumley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pine Grove
(STATE OR COUNTRY) Colorado

14. INFORMANT Georgie Suter
(Address) 81 1/2 Blue Ridge Road

15. FILED 1/3 1931 Wm. Crues REGISTRAR
west

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 2 1931
17. I HEREBY CERTIFY, That I attended deceased from 12-22, 1930 to 1-2, 1931 that I last saw her alive on 1-2, 1931, and that death occurred, on the date stated above, at 10:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis
1931 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) O. E. Williams M. D.
2 .1931 (Address) Supt K.C. General Hosp

*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 Maple Hill Cemetery DATE OF BURIAL Jan 3 1931
20. UNDERTAKER Daniel Bros 164 Kansas Ave ADDRESS

KCK

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.

