

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

Do not use this space.

5703

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Yean Primary Registration District No. _____
 City Kansas City (No. Kansas City Gen Hosp) St. _____ Ward _____

File No. _____
 Registered No. 796

2. FULL NAME

Mattie Williams
 (a) Residence No. 437 W. 15th St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 35 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 11-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 2 6

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) 235
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) New York

10. NAME OF FATHER J. H. Chiswick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buffalo (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Frances Hoskin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brooklyn (STATE OR COUNTRY) New York

14. INFORMANT Reverend Clerk (Address) Kansas City Gen Hosp

15. FILED 7/18 31 M. M. Crowe REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-17 1931

17. I HEREBY CERTIFY That I attended deceased from 2-11, 1931, to 2-17, 1931 that I last saw her alive on 2-17, 1931 and that death occurred, on the date stated above, at 9:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of cervix
18
1330 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Bilateral Hydrosis
1330 (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? Gen. Find + Autopsy
 (Signed) P. E. Williams M. D.

2-17, 1931 (Address) Supt K.C. Gen. 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 Paula Kansas DATE OF BURIAL Feb 30 1931

20. UNDERTAKER John J. Sheehan ADDRESS K. C. Ma

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.

RECORD

Mattie Williams