

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

Do not use this space.

974

1. PLACE OF DEATH

County Jackson Registration District No. 309 File No. 12
 Township Kaw Primary Registration District No. 1002 Registered No. 12
 City Kansas City (No. 5510 east 12th. st. St. _____ Ward _____)

2. FULL NAME Mrs. Laura A. Williams

(a) Residence, No. _____ St. Windsor, Mo. 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. 14 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 Thomas Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-11-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 9 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton Missouri 1

13. NAME Henry A. Busker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Ind 2

15. MAIDEN NAME Mary E. Bishop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Thomas Williams (ADDRESS) Windsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE 1-3-31 19

19. UNDERTAKER Freeman Mortuary (ADDRESS) Kansas City, Mo.

20. FILED Jan 3 1932 M. M. Grove Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-32 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-29-31, 1931, to Jan 2, 1932
 I last saw her alive on Dec 31, 1931. Death is said

to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset 12-31-31
48
107 A 48
 Other contributory causes of importance: Carcinoma of uterus 1-1-31

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical as there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____ 19 _____
 Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. F. Foster _____ M. D.
 (Address) 1524 Foster Dr

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

