

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

Do not use this space.

SEP 25 1935

26376

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 2902 Askew) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Sarah D. Williams  
 (a) Residence, No. 2902 Askew St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. \_\_\_\_\_  
 Registered No. 2419  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 Maurice T. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>66</u>	<u>10</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

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

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) Syracuse New York

13. NAME William Doust

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Sarah Green

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

17. INFORMANT Maurice T. Williams (ADDRESS) 2902 Askew Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug. 6 1935

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

20. FILED Aug. 5, 1935 M. M. Crown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1935, to Aug 4, 1935.  
 I last saw him alive on Aug 4, 1935. Death is said to have occurred on the date stated above, at 11:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset Aug 4, 1935

Other contributory causes of importance:  
Arterio Sclerosis and Hypertension for about 6 yrs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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) Arthur A. Hotels M. D.  
 (Address) 3321 E 30  
Kansas City Mo

Note: 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.

