

OCT 22 1935

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

Do not use this space.

29675

1. PLACE OF DEATH

County JacksonRegistration District No. 322File No. 3839Township Kansas CityPrimary Registration District No. 100Registered No. 3839City Kansas City(No. 4014 Madison)St. Mo. Ward

2. FULL NAME

(a) Residence, No. 4014 Madison St., Madison Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Charles P. Williams

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

Mar 30 1862

7. AGE

73

YEARS

5

MONTHS

22

DAYS

If LESS than 1 day, hrs. or min.

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

Housekeeper

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)

Strawberry Point Iowa

13. NAME

Robert E. Finger

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

Germany

15. MAIDEN NAME

Margaretha Kraus

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

Germany

17. INFORMANT (ADDRESS)

Mrs. W. B. Hunt
2514 Madison - S. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Olathe, Mo. DATE Sept 24 1935

19. UNDERTAKER (ADDRESS)

F. E. Dulich
Olathe, Kansas

20. FILED

Sept 23, 1935 M. M. Cerome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 193522. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to Sept 22 1935I last saw her alive on , 19 . Death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Suppurative cholangitis with ulceration into duodenum with multiple cholangitic abscesses of the liver Date of onset May 10

Other contributory causes of importance:

ArteriosclerosisName of operation None Date of What test confirmed diagnosis? Was there an autopsy? yes

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 NoneNature of injury 24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Signed) Milton B. Caschett M. D.(Address) 1207 Rialto Bldg R. E. Mo.

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.

