

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

Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township NEW Primary Registration District No. 1002
City KANSAS CITY (No. ST. LUKES HOSPITAL St. Ward)

File No. 5767
Registered No. 823

2. FULL NAME

ALVARETTA MARGARET WILLIAMSON 452

(a) Residence, No. OLATHE, KANSAS St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 31, 1896

7. AGE YEARS 41 MONTHS 5 DAYS 18 If LESS than 1 day,hrs. ormin.

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

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

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) DELUAN WISCONSIN

13. NAME ANDREW WILLIAMSON

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

15. MAIDEN NAME MAX GAGE

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

17. INFORMANT ANNA HALLMAN (ADDRESS) OLATHE, KANSAS

18. BURIAL, CREMATION, OR REMOVAL PLACE OLATHE, KANS. DATE FEB. 18, 1938

19. UNDERTAKER H. F. JULIEN (ADDRESS) OLATHE, KANSAS

20. FILED FEB 19 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/15/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/2/38, 1938, to 2/17/38, 1938.

I last saw him alive on 2/18/38, 1938. 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:

Pneumonia
Pneumo
RT.
12/18
Date of onset 4/16/38

Other contributory causes of importance:

retroocular appendicitis
with abscess
+ acute pharyngeal abscess
Date of onset 4/30/38

Name of operation Hydrocysteal abscess Date of 2/15/38

What test confirmed diagnosis? Smear Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 1938

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? If so, specify.....

(Signed) H. F. Julien, M. D.
(Address) 500 Post Bldg

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.

