

REC'D SEP 13 1938

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

27821
Do not use this space.**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 1514 East 29th. St.
 (e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3152**2. PRINT FULL NAME**

Catherine Imilda WILLIAMS. 45'
 (a) Residence, No. 1514 East 29th. Street. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Charles M. Williams.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1869.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 68 8 24

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as 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) Illinois.

FATHER
13. NAME John Sullivan.

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

MOTHER
15. MAIDEN NAME Mary Hines.

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

17. INFORMANT (ADDRESS) Mr. Charles M. Williams.
 1514 East 29th Street.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Marys DATE 8/6/38

19. FUNERAL DIRECTOR (ADDRESS) Mellody-McGilley.
 K. C. Mo.

20. FILED Aug 5 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3- 1938

22. HEREBY CERTIFY, That I attended deceased from Aug 1 1938 to Aug 3 1938.
 I last saw him alive on Aug 3 1938. Death is said to have occurred on the date stated above, at 11:00 p.m.

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

Chronic Myocarditis with decompensation Chronic Central Nephritis
 Date of onset 12

Other contributory causes of importance:

Pulmonary edema Hypertension

Name of operation Date of

What test confirmed diagnosis? 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, 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?
 If so, specify

(Signed) C. H. [Signature]
 (Address) W. B. Keene Hospital

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)