REC'D DEC 14 1938

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

38057
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Kaw 1 Primary Registration District No. Registered No. 4291
(c) City Kansas City (d) Street No. 1914 E. 13th St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 452 Mattie Williams
(a) Residence, No. 1914 E. 13th 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 Fe
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-22-1887
7. AGE YEARS 51 MONTHS 0 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as saw mill, bank, etc. Blind
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) Ellis Co. Texas

FATHER
13. NAME Gilbert Sims
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER
15. MAIDEN NAME Fannie Coffie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Rodgie Williams, Sister 1914 E. 13th
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Nov. 2, 1938
19. FUNERAL DIRECTOR (ADDRESS) Adkins Bros. 2000 E. 12th
20. FILED 11-2 1938 M. M. Crowe asst Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-29-38, 19.... to 10-30-38, 19....
I last saw her alive on 10-30-38, 19.... Death is said to have occurred on the date stated above, at 10:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Lobar Pneumonia	
108	

Other contributory causes of importance: Obscure.

Name of operation no Date of no
What test confirmed diagnosis? Clinical Was 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 no, 19....
Where did injury occur? no, no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no, no no
Manner of injury no no no
Nature of injury no no no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Henry B. Lyons M.D.
(Address) 1695 E. 18th St

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 Edw. G. Evans

Licensed Embalmer No. 3836

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.)