

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

Do not use this space.

8010

1. PLACE OF DEATH
 County Buller Registration District No. 89
 Township Poplar Bluff Primary Registration District No. 3007
 City Poplar Bluff (No. 527 Poplar) St. Ward

2. FULL NAME Edwin Williamson
 (a) Residence No. Poplar Bluff, Mo. St. Ward
 (Usual place of abode) (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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28 - 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
no no -28

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Poplar Bluff
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Edwin Williamson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tray Ridge
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Lois Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) Mo.

14. INFORMANT Edwin Williamson Jr.
 (Address) Poplar Bluff, Mo.

15. FILED 3/28 1928 D. B. J. Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 26 1928

17. I HEREBY CERTIFY That I attended deceased from 2/28, 1928, to 3/26, 1928 that I last saw alive on 3/6, 1928, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Spontaneous Retention
161 B (duration) yrs. mos. 20 da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Home
 IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Dr. L. S. Taylor, M. D.
3/26 1928 (Address) Poplar Bluff, Mo.

*State the DISORDER CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Assie - near Dexter, Mo. DATE OF BURIAL Mar 27 1928

20. UNDERTAKER A. W. Greer, Poplar Bluff, Mo. ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

H. R.—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.

3/28

