SEP 27 1928

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

Do not use this space.

27910

1. PLACE OF DEATH
County Marion — Registration District No. 541 — File No.
Township Mason — Primary Registration District No. 3074 — Registered No. 228
City Hannibal (No. Levering Hospital St. Ward)

2. FULL NAME Lottie Williamson
(a) Residence. No. 2611 Bell Ave. 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. 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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 1 - 1902

7. AGE: Years 25 — Months 8 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Pike Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Earl Scott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pike Co.
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Maud Renean
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Arthur Williamson
(Address) 2611 Bell Ave. Hannibal

15. FILED 8/29 1928 C. E. Strode Mo
Registrar

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/26 1928

17. I HEREBY CERTIFY, That I attended deceased from 8/16/1928, 19.. to 8/26, 1928 that I last saw her alive on 8/26/28, 19.., and that death occurred, on the date stated above, at 10:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 166
Streptococcus Peritonitis 113A
following sore throat 129
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Terminal left Lobar
pneumonia (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at Home
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) J. C. Sultzman M.D.
8/27, 1928 (Address) Hannibal Mo.

*State the DISEASE 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: Centenary Cem.
DATE OF BURIAL: 8/28 1928

20. UNDERTAKER: Wm M. Smith
ADDRESS: Hannibal 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.