

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

Do not use this space.

1869

**1. PLACE OF DEATH**

County Jackson Registration District No. 99  
 Township Franklin Primary Registration District No. 99  
 City St. Charles (No. 2808 Myrtle)

File No. 462  
 Registered No. 462  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Geo. W. Williamson  
 (a) Residence. No. 2808 Myrtle St. 14 Ward.

(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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17, 1881

7. AGE YEARS 78 MONTHS \_\_\_\_\_ DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor South Carolina

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT J. B. Williamson  
 (Address) 2808 Myrtle

15. FILED 1-29-29 M. M. Crowe REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 25 1929 to Jan 25 1929, that I last saw him alive on Jan 5 1929, and that death occurred, on the date stated above, at 5:40 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Distention of Heart.  
and  
MI

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

18. WHERE WAS DISEASE CONTRACTED Do not know  
 IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) J. B. Williamson, M. D.

128, 1929 (Address) 1836 Elm

\*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 Blue Ridge Lawn DATE OF BURIAL Jan 29 1929

20. UNDERTAKER W. A. Fickler ADDRESS 1209 Vine

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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