

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

Do not use this space.

9014

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 100
 City S.D. Loker (No. Enroute to city) Wards # 2 (Ward)

File No.
 Registered No. 2721

2. FULL NAME

(a) Residence. No. 720 a off 10 Full on 25 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 4 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 | 11 | 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work labor
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Madison Co
 (STATE OR COUNTRY) Tenn

10. NAME OF FATHER Abel Williamson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Madison Co
 (STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Georgia

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison Co
 (STATE OR COUNTRY) Tenn

14. INFORMANT John Williamson
 (Address) Lover Joy Rd

15. FILED 19 March Stanley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23, 1929

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at 230 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cortical Hemorrhage
(Traumatic)
Fall down stairs at
2128 Clark
 CONTRIBUTORY chronic Myocarditis
 (SECONDARY) accident

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) John Stanley
3/21/29 (Address) Deputy Coroner

*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 DATE OF BURIAL

Lover Joy Rd 3-1-1929

20. UNDERTAKER ADDRESS

Watson and Son 2941 Chouteau

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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