

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

Do not use this space.

PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. _____ St. _____ Ward _____)

Registration District No. 347
Primary Registration District No. 8018

File No. 899
Registered No. 148

2. FULL NAME Wm Pierce Williamson
(a) Residence No. 221 7 2nd 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 M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
74 0 3

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

9. BIRTHPLACE (CITY OR TOWN) Louiseville (STATE OR COUNTRY) Ky

10. NAME OF FATHER John Williamson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Speak white

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

14. INFORMANT Clara Williamson (Address) Clinton mo.

15. FILED 1-15 19 30 Dr. E.C. Peelor REGISTRAR
Walker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-13 1930

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 _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
unimpaired (found dead in garage)
95 B (duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 2018 (duration) _____ yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) H. Walker, Coroner, M. D.

1-14 19 30 (Address) Clinton 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 Goodhope Ceme. DATE OF BURIAL 1-16 19 30

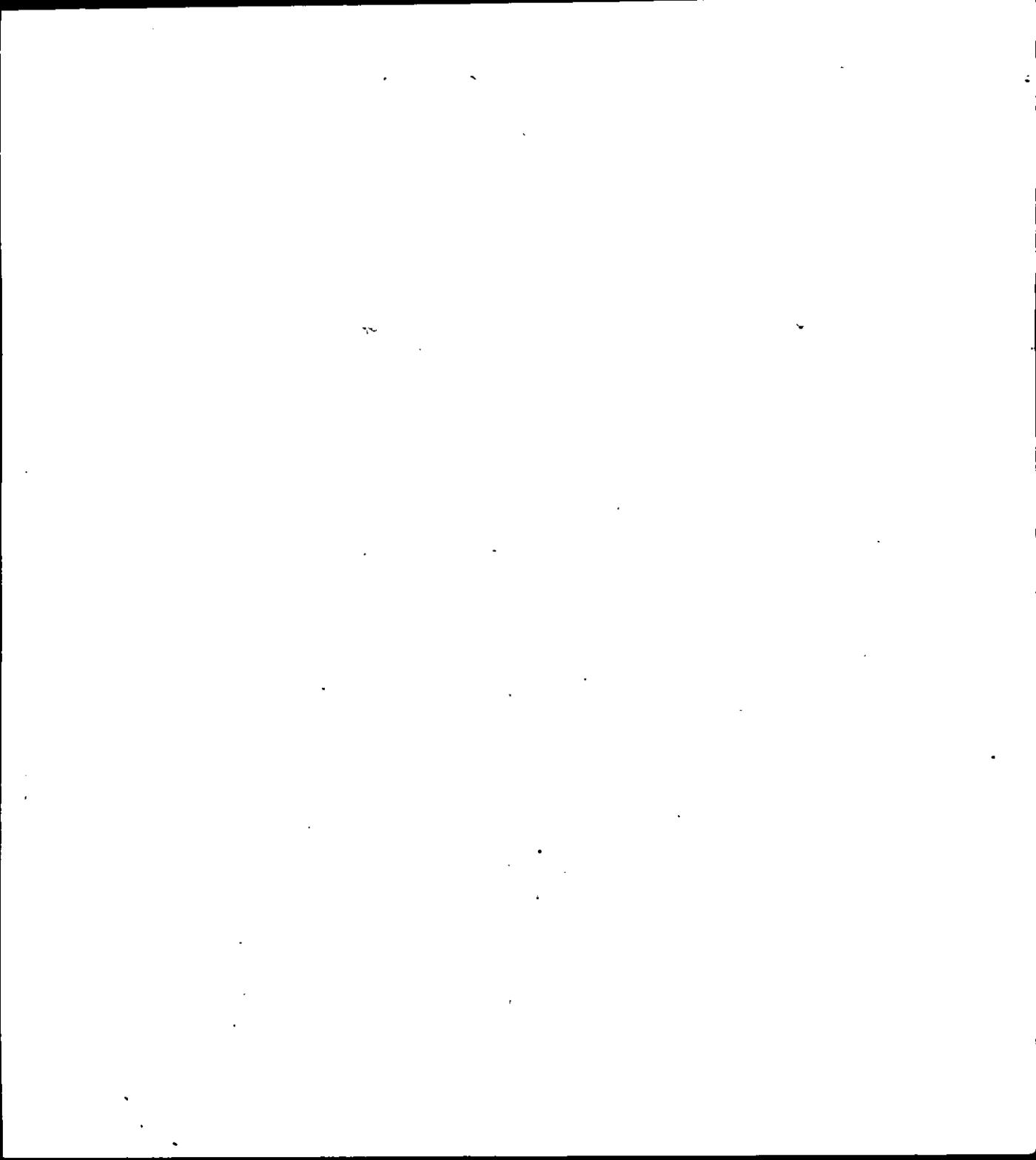
20. UNDERTAKER Spore + Son ADDRESS Clinton, mo

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.

18 1930
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2
31

PARENTS



requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate: 161

Name: Wm Pierce Williamson

Who died at: Clinton, Mo. on Jan 13, 1930,

Residence: No. 421 St. North 2nd
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years 21 Months know Days ---

Sex: male Color or race: white Single, married, widowed or divorced: ---

Date of birth: 1/10 1856 Age: Years 74 Months 0 Days 3

Occupation: (a) Trade Retired Farmer Industry: ---

Birthplace (State or country) Don't know

Birthplace of father (State or country) Don't know

Birthplace of mother (State or country) " "

CAUSE OF DEATH: Unknown - found dead in garage.

Contributory: organic heart disease

Where was disease contracted? ---

Did operation precede death? no Date of ---

Was there an autopsy? no What test confirmed diagnosis? ---

Name of physician: G. S. Walker (Coroner, Henry Co. Mo)

Address of physician: Clinton Mo.

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