APR 30 1930

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

Do not use this space.

10030

1. PLACE OF DEATH
County Ste. Genevieve — Registration District No. 780 — File No.
Township Jackson — Primary Registration District No. 6028 — Registered No. 12
City (No. , St. Ward)

2. FULL NAME Welton Williamson
(a) Residence. No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 25 1891

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
38	11	13	

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

9. BIRTHPLACE (CITY OR TOWN) Bloomsdale
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER C. S. Williamson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cahokia
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Pennzlia Clarke
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry Co
(STATE OR COUNTRY) Missouri

14. INFORMANT C. S. Williamson
(Address) Bloomsdale Mo

15. FILED Mar 9, 1930 T. W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 8 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 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Alcoholism
(Verdict of Jury)
996
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 663
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) Leo C Basler Coroner M.D.
3/9, 1930 (Address) Ste. Genevieve 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	DATE OF BURIAL
Concord Cemetery	Mar 10 1930
20. UNDERTAKER	ADDRESS
John Basler Ste. Genevieve Mo	