

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

Do not use this space.

12939

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township New Primary Registration District No. 1007  
City Mansua (No. 3237, Tracy) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1808  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

J. R. Williamson  
(a) Residence No. 3237 Tracy St. 13 Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1st 1840

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
89 8 26

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Szia Williamson

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

12. MAIDEN NAME OF MOTHER No Data

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

14. INFORMANT J. R. Williamson Jr  
(Address) 3237 Tracy ave

15. FILED 4/29 19 30 M. M. Crover REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 27<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from 4-27-30 to 4-27-30, 1930 that I last saw him alive on Apr 27, 1930, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral hemorrhage  
B.P. 140  
97  
one hour (duration) yrs. mos. ds.  
CONTRIBUTORY arteriosclerosis (SECONDARY) (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) Harold B. Clarke, M. D.  
4/28, 19 30 (Address) 725 Bryant Bldg

\*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  
St Marys Cem 4/30/30 1930

20. UNDERTAKER ADDRESS  
H. F. Mayberry Ken City 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.

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