SEP 26 1930

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois — Registration District No. 773 — File No. 27745

Township — Primary Registration District No. 6018A — Registered No. 778

~~City~~ near Farmington, Mo. (No. STATE HOSPITAL #4 St. Ward)

2. FULL NAME Eva L. Williamson

(a) Residence. No. Campbell, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
41	?	?	

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

9. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTY)

PARENTS
10. NAME OF FATHER C. J. Williamson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTY)
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTY)

14. INFORMANT Hospital Records
(Address) Farmington Mo

15. FILED 8-9-30 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 4 1930

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1930 to Aug 3, 1930 that I last saw her alive on Aug 3, 1930, and that death occurred, on the date stated above, at 12:25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of the Lungs
23A
84
87B (duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Insanity (Feeblemindedness)
(duration) 41 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH -----
DID AN OPERATION PRECEDE DEATH? no DATE OF -----
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. C. Tincher, M. D.
Aug. 4 1930 (Address) Farmington, 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 Hospital Cemetery — DATE OF BURIAL 8/7 1930

20. UNDERTAKER Hospital No 4 — ADDRESS Farmington 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.