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.

JAN 20 1931

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

Do not use this space.

40084

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township Mason — Primary Registration District No. 3029 — Registered No. 319
City Hannibal (No. Levering Hospital St. 6 Ward)

2. FULL NAME Gertrude Williamson
(a) Residence. No. Saverton Mo Rall Co 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: Female
4. COLOR OR RACE: White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Edwin O. Williamson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 27 1879

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
51	10	19	

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

9. BIRTHPLACE (CITY OR TOWN) Bush. Mo
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Thomas Barnard
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Catherine Robinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT Mr. Edwin O. Williamson
(Address) Saverton Mo

15. FILED Dec 15 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-12- 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1930, to Dec 12, 1930 that I last saw her alive on Dec 12, 1930, and that death occurred, on the date stated above, at 10. 9. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
aortic stenosis
92A
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) aortic stenosis
(duration) 1 yrs. about 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? general symptoms
(Signed) A L Shaw Co, M. D
, 19 (Address) Hannibal 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: Centnary Cemetery — DATE OF BURIAL: 12-12- 1930

20. UNDERTAKER: James O'Donnell — ADDRESS: Hannibal Mo.