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.

APR 25 1931

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

Do not use this space.

11106

1. PLACE OF DEATH
County Pike — Registration District No. 686 — File No.
Township Indian — Primary Registration District No. 5914 — Registered No. 8
City (No. St. Ward)

2. FULL NAME Fannie E 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 20 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: J. C. Williamson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 9-1883

7. AGE: YEARS 47 — MONTHS 6 — DAYS 8 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Curryville Mo

FATHER
13. NAME: J. H. Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Bowling Green

MOTHER
15. MAIDEN NAME: Ella Gibbs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Bowling Green

17. INFORMANT (ADDRESS): J. C. Williamson, Curryville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Curryville Cemetery DATE: Mar 18, 1931

19. UNDERTAKER (ADDRESS): W. B. Elmore, Bowling Green

20. FILED 3-18, 1931 — W B Elmore, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1931, to March 17, 1931
I last saw her alive on March 17, 1931. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Meningitis	
89 A	
79 A	
89 A	

Other contributory causes of importance:
Absence of Middle Ear

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J R Shotwell, M. D.
(Address) Curryville Mo