WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 27 1932

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

Do not use this space.

21697

1. PLACE OF DEATH
103 County Stoddard Registration District No. 1837
Township Castor Primary Registration District No. 6099
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Kenneth Ralph 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13-1932
7. AGE YEARS MONTHS 1 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) Mo

FATHER
13. NAME D. A. Williamson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Lura Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) D. A. Williamson
18. BURIAL, CREMATION, OR REMOVAL PLACE Hagy Cem, DATE June 5, 1932
19. UNDERTAKER (ADDRESS) .....
20. FILED July 6, 1932 Edw. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1932
22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932, to June 5, 1932
I last saw her alive on June 5, 1932 Death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:
Inanition fever, unknown
158 158
Date of onset
Other contributory causes of importance: unknown. (1)
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify .....
(Signed) Edward Ford, M. D.
(Address) Bloomfield Mo.