

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

Do not use this space.

28213

1. PLACE OF DEATH

103 County Stoddard
Township Castor
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 837
Primary Registration District No. 6049

File No. _____
Registered No. _____

2. FULL NAME

Emma Irene 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 F 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) Sept 2 - 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 11 19

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 1

FATHER 13. NAME Frank Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

MOTHER 15. MAIDEN NAME Ellie Addie Fry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 10

17. INFORMANT (ADDRESS) Frank Williams

18. BURIAL, CREMATION, OR REMOVAL PLACE Dak Ridge DATE Aug 20 1932

19. UNDERTAKER (ADDRESS) J. A. Phillips & Co.

20. FILED Sept 32 Edw. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Septic meningitis Date of onset P.K.

Other contributory causes of importance: none (11)

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? no

If so, specify _____
(Signed) Edward Ford, M. D.
(Address) Bloomfield 7710

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. SEP 27 1932

