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.

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

Do not use this space.

32776

1. PLACE OF DEATH
County Lawrence
Township Lincoln
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 469
Primary Registration District No. 5630

File No. .....
Registered No. 24

2. FULL NAME Lydia Mary Williamson
(a) Residence, No. Miller St. Mo 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 S
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-25-1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	8	11	

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) Ohio

FATHER
13. NAME Asa Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Jersey

MOTHER
15. MAIDEN NAME Mahalo J. Beam
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mr. D. Williamson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brick Church DATE 10-8-1932

19. UNDERTAKER (ADDRESS) Monnie Leiman Miller Mo.

20. FILED 12-1 1932 W. S. Burns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6-1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1932, to Oct 6th, 1932
I last saw her alive on Aug 31, 1931. Death is said to have occurred on the date stated above, at 10 48 P.m.
The principal cause of death and related causes of importance were as follows:
Probably apoplexy, as I never saw patient in last attack till after death
82A 88A

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) L. I. Holmes, M. D.
(Address) Miller Mo.