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.

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

Do not use this space. 41423

AN 27 1933

1. PLACE OF DEATH
County St Louis — Registration District No. 786 — File No.
Township ~~Central~~ — Primary Registration District No. 4469 — Registered No. 74
City Maplewood (No. 3346 Greenwood Bvld St. Ward)

2. FULL NAME William W Williamson
(a) Residence, No. 3346 Greenwood St. Bvld Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Annie Williamson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 — 1869

7. AGE: YEARS 63 — MONTHS 8 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 27
10. Date deceased last worked at this occupation (month and year) Dec 1930
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County Missouri

FATHER
13. NAME William Williamson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Louise Donavant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) John H. Williamson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Dec 22 1932

19. UNDERTAKER (ADDRESS) Parker Lund Co Webster Groves

20. FILED 12/22 1932 Mercedes Schuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/11/32, 19..., to 12/20/32, 19...
I last saw him alive on 12/19/32, 19... Death is said to have occurred on the date stated above, at 2:50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Cardio renal Vascular disease	

Other contributory causes of importance: 13/10

Name of operation no 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? no 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) P. G. Paugh, M. D.
(Address) 444 N. Euclid