MAR 31 1933

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.

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

Do not use this space.

8271

1. PLACE OF DEATH 108 County Vernan Metz Registration District No. 871 File No.
Township Metz Primary Registration District No. 6154 Registered No. 4
City (No. , St. Ward)

2. FULL NAME James C. Williamson
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Male
4. COLOR OR RACE White
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) December, 26th. 1932
7. AGE YEARS MONTHS 9 eweeks DAYS 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) Vernon County Missouri

FATHER
13. NAME Rusell Williamson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Constance Emmerson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Russell Williamson Rich Hill Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Feb. 27th. 33 DATE Riders Cemetry, 19
19. UNDERTAKER (ADDRESS) Pond and Reavley Rich Hill, Mo.
20. FILED Feb. 28, 1933 C. W. Meisser M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1933, to Feb 27, 1933
I last saw him alive on Feb 27, 1933 Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
1070
1070

Date of onset

Other contributory causes of importance:

Name of operation Nom 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) [signature], M. D.
(Address) Butler Mo.