

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

Do not use this space.

15862

File No. _____
Registered No. 616 _____
St. _____ Ward _____

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Joseph (No. 714 North 23 street) St. _____ Ward _____

2. FULL NAME William Tucker Williamson

(a) Residence, No. 714 North 23 street St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Amelia Williamson (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1934, to May 23, 1934.

I last saw h. im. alive on May 23, 1934. Death's said to have occurred on the date stated above, at 11:05 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1859

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 1 1

Pneumonia 1077 Date of onset 5-5-34
& P* Bronchitis 97
150

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Yardmaster C. R. I
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 _____

Other contributory causes of importance: Antibacillary Nephritis

12. BIRTHPLACE (CITY OR TOWN) Des Moines (STATE OR COUNTRY) Iowa

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Amelia Williamson (ADDRESS) 714 No. 23 street St. Joseph Mo.

18. BURIAL, CREMATION OR REMOVAL Mt Olivet Cem. PLACE St. Joseph Mo. DATE May 26, 1934

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) St. Joseph Mo.

20. FILED 5-25-34 John R. Bender Registrar.

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) Owen W. Stearns, M. D.
(Address) 204 Phelps Ave. Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. JUN 20 1934

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph No. _____ St. _____ Ward _____

2. FULL NAME Wm Tucker Wellbornson
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

File No. _____
 Registered No. 616

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 1 1

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)

MOTHER / FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 _____

SUPPLEMENTARY

John R. Bender
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1934

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 _____, at _____ m.

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

bronchitis - pneumonia
arteriosclerosis
nephritis acute
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____

(Signed) _____, M. D.
 (Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUTION - IF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SHOULD state

5-15862