Brandon

APR 5 1935

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

Do not use this space.

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No. 8234

12 Township — Primary Registration District No. 3007 — Registered No. 51

2 City Poplar Bluff (No. Brandon Hospital St. Ward)

7 2. FULL NAME Larry Joe Williamson

(a) Residence, No. Greenville, Mo. 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. 1 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) Jan. 30, 1933

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
2	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Greenville Missouri

FATHER

13. NAME Edward L. Joe Williamson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galliton County Illinois

MOTHER

15. MAIDEN NAME Osa E. Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds County Missouri

17. INFORMANT (ADDRESS) Edward L. Joe Williamson Greenville, Missouri Box 73

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Pleasant Valley cemetery DATE 3/14 1935

19. UNDERTAKER (ADDRESS) Wayne County, Missouri Greer Undt. Co. Poplar Bluff, Missouri

20. FILED 3/14 1935 O. C. Cutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1935, to March 13, 1935

I last saw him alive on Mar. 13, 1935. Death is said to have occurred on the date stated above, at 1:20 A.M.

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

	Date of onset
Generalized peritonitis	3/11/35
121 B	

Other contributory causes of importance:

Acute appendicitis	3/9/35

Name of operation appendectomy Date of 3/12/35

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? no

If so, specify

(Signed) [signature], M. D.

(Address) Poplar Bluff Mo.

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.