

JUL 30 1935

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

Do not use this space.

20519

1. PLACE OF DEATH

County New Madrid Registration District No. 821  
Township 2 S 9 E 2 Primary Registration District No. 5801  
City Near Lileston (No. ....) St. .... Ward)

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

2. FULL NAME

Emma A. Williamson  
(a) Residence, No. Near Lileston, 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 Female 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 Albert Williamson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
77 3 17

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. Housew. k.  
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) Grandview, Iowa

MOTHER FATHER 13. NAME David Winders

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

15. MAIDEN NAME Ann Holiday

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

17. INFORMANT (ADDRESS) Mrs Robert Tetley  
Lileston, Rural Route

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview, Iowa DATE June 8, 1935

19. UNDERTAKER (ADDRESS) H. J. Wilsh  
Lileston, Mo.

20. FILED July 5, 1935 H. H. Pruell  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1935 to June 5, 1935

I last saw her alive on May 30, 1935. Death is said to have occurred on the date stated above, at 5 P. M.

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

Myocarditis, chronic  
Date of onset 9/8

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify no

(Signed) H. H. Pruell, M. D.

(Address) Lileston, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

92 90

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

RECEIVED

1954

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY  
57 SOUTH EAST ASH AVENUE  
CHICAGO, ILLINOIS 60607

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

[Illegible text]