

NOV 13 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33611

1. PLACE OF DEATH

County PittsburgRegistration District No. 670Township BeaumontPrimary Registration District No. 5893City BeaumontNo. St. Ward

2. FULL NAME

(a) Residence, No. Beaumont mo St. Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

male white widowed

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

Lillie Williamson

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

Mar 3 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

6378

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.

Farmer

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)

mo

FATHER

13. NAME

Richard Williamson

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

mo

MOTHER

15. MAIDEN NAME

Mary Hogsett

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

va

17. INFORMANT (ADDRESS)

Harry Williamson
Beaumont mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Beaumont DATE Oct 13 1935

19. UNDERTAKER (ADDRESS)

Gilbert Funeral Home
Beaumont mo

20. FILED

Nov 13 1935 Flossie Ferguson
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct 11 - 193522. I HEREBY CERTIFY, That I attended deceased from The body, 19 , to Oct 12, 1935I last saw him alive on , 19 . Death is saidto have occurred on the date stated above, at m.

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

Amnesia of
arch of aorta
96

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes23. 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) NOV 13 1935 M. D.(Address) Beaumont

