

JAN 21 1936

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

42311

1. PLACE OF DEATH

County Webster
Township Frank
City Frank (No. _____ St. _____ Ward _____)

Registration District No. 896
Primary Registration District No. 2198

File No. _____
Registered No. 52

2. FULL NAME

W. W. Williamson

(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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 7 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer

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) Mo

13. NAME James E. Williamson

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

15. MAIDEN NAME Klinkenknecht

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

17. INFORMANT, (ADDRESS) Mrs. Mattie Williamson
Marshfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE William Home DATE Dec 16 1935

19. UNDERTAKER (ADDRESS) McMahon Funeral Home
Marshfield Mo.

20. FILED Dec 20 1935 Elizabeth Highfill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 4 1935 to Dec 14 1935

I last saw him alive on Dec 13 1935 Death is said

to have occurred on the date stated above, at 11:50 P. m.

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

Solar Pneumonia

Other contributory causes of importance:

Apoplexy

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 _____, 1935

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) John W. Lyce M. D.
Marshfield Mo. (Address)

