

OCT 21 1936

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

Do not use this space.

34026

1. PLACE OF DEATH

County Davies
Township Jefferson
City Winston

Registration District No. 255
Primary Registration District No. 5357

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

Joseph Andrew Williamson

(a) Residence No. _____ St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1864

7. AGE YEARS 72 MONTHS 7 DAYS 21 If LESS than 1 day, hrs. or min.

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

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) Virginia

13. NAME Tom Williamson

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

15. MAIDEN NAME Killbough

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

17. INFORMANT Daughter (ADDRESS) Mrs. L. Lewis Winston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Winston DATE 9-27 1936

19. UNDERTAKER (ADDRESS) Mrs. Kate Sharp
Winston, Mo.

20. FILED Sept 26, 1936 J. K. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Sept 24, 1936
I last saw him alive on Sept 24, 1936 Death is said to have occurred on the date stated above, at 7 P m.

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

Valvular Aortic Heart. Date of onset July 1936

Other contributory causes of importance:

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

23. If death was due to external cause (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) Fred. K. Wilson M. D.
(Address) Winston, Mo.

MARGIN RESERVED FOR BONDING
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.

NO. 2
20M-2-19-36
I X7284

