

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.

DEC 4 1883

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

Do not use this space.

38741

1. PLACE OF DEATH

County Ball Co

Registration District No. 726

Township Sumner

Primary Registration District No. 5-9 5-8

City R. R. (No. Ball Co)

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. Ball Co 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, WIDOWER OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Mrs. Lurana Williamson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6, 1857

7. AGE YEARS 27 MONTHS 6 DAYS 16 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) Frankford Mo

13. NAME Thomas Williamson

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

15. MAIDEN NAME Sarah Sevelley

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

17. INFORMANT (ADDRESS) Wm. General Williamson Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL Ball Co
PLACE Centenary burying DATE 10-24-1883

19. UNDERTAKER (ADDRESS) Geo. B. Donnell Hannibal Mo.

20. FILED Oct 24 1883 B. McGowan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-19-36, 1936, to 10-22, 1936

I last saw him alive on 10-10, 1936 Death is said

to have occurred on the date stated above, at 5:30 a.m.

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

Date of onset

Cardiac Decompensation
about Sept 14

Other contributory causes of importance:

General debility of aged
Name of operation Quintuple physical Date of 10
What test confirmed diagnosis Quintuple physical 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.....

(Signed) J. P. Seltman M. D.

(Address) Hannibal Mo.

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