

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Pettis  
Township Pettis  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 695  
Primary Registration District No. 593.2

File No. 13042

Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Parkville Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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 M. P. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 - 1864

7. AGE YEARS 73 MONTHS 1 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife  
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) Lancaster (STATE OR COUNTRY) Mo

13. NAME Thomas Williamson

14. BIRTHPLACE (CITY OR TOWN) Va. (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Elija Stewart

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

17. INFORMANT Leon Anderson (ADDRESS) Parkville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkville Mo DATE Mar. 18, 1937

19. UNDERTAKER J. G. Pilcher (ADDRESS) Maysville Mo

20. FILED 4-10 1937 L. P. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1937 to Mar. 16, 1937

I last saw him alive on Mar. 15, 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Lobar Pneumonia Date of onset 3-12-37

Other contributory causes of importance: myocarditis

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? No

If so, specify \_\_\_\_\_

(Signed) S. J. Ford M. D.

(Address) Parkville Mo

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