SEP 21 1937

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

Do not use this space.

29777

1. PLACE OF DEATH
County Jackson Registration District No. 388 File No.
Township Kaw Primary Registration District No. 1009 Registered No. 3022
City K. C. Mo. (No. General Hosp. #2 St. 3rd Ward)

2. FULL NAME Lina Williamson
(a) Residence, No. 2509 E. 21st 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 Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-4-1885
7. AGE YEARS 51 MONTHS 10 DAYS 7 If LESS than 1 day, ...hrs. or ....min.
230

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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) Ga.

FATHER
13. NAME Joe Clark Deceased
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

MOTHER
15. MAIDEN NAME Ida Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

17. INFORMANT (ADDRESS) Record Clerk
18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE 8/16 1937
19. UNDERTAKER (ADDRESS) Watkins Bros 1729 Lydia
20. FILED Aug. 16 1937 M. M. Crowe, esq. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11, 1937
22. I HEREBY CERTIFY, That I attended deceased from 7-31, 1937, to 8-11, 1937
I last saw her alive on 8-11, 1937 Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:
Uterine Fibroid 93C (Post-Operative) Date of onset
Other contributory causes of importance: Chronic Myocarditis
Name of operation Fibroidectomy Date of 8/10/37
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) L. C. Dewey M. D.
(Address) General Hosp. #2

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.

I X9314