DEC 21 1937

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

Do not use this space.

File No. 41853
Registered No. 333

1. PLACE OF DEATH
County: Marion
Township: Mason
City: Hannibal (No. Masonic Home St. Ward)
Registration District No. 547
Primary Registration District No. 309

2. FULL NAME: Daniel Williamson
(a) Residence, No. Masonic Home 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

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	widowed

IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

DATE OF BIRTH (MONTH, DAY, AND YEAR) 1858

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Last	79			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
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 No Record —
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —
15. MAIDEN NAME —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —
17. INFORMANT Wm McNamel
(ADDRESS) Masonic Home
18. BURIAL, CREMATION, OR REMOVAL
PLACE Robinson DATE 11-11 1937
19. UNDERTAKER Geo E Roberts
(ADDRESS) Hannibal Mo
20. FILED Nov 12, 1937 H C Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/8/37, 1937, to Nov 11, 1937
I last saw him alive on 11/8/37, 1937. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Stomach	

Other contributory causes of importance: Ulcer of Stomach

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 ....., 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) H P McNeal, M. D.
(Address) Hannibal Mo