REC'D MAR 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis County 3 Registration District No. 96 File No. 8185
Township Carondelet Primary Registration District No. Registered No. 333
City ~~Jefferson Barracks~~ (No. VETERAN HOS. St. Ward)

2. FULL NAME James P. WILLIAMSON, 452.
(a) Residence, No. 2239 Walnut Street, St., Ward. St. Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred unkn. 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 colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27, 1897
7. AGE YEARS 40 MONTHS 5 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
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) Summerville, Tenn.

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) M. Schillig Clinical Clerk, VAF. Jeff. Bks., Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE 2-21 1938
19. UNDERTAKER (ADDRESS) Atkins Bros. Undertaking Co., 3644 Finney Ave., St. Louis, Mo.
20. FILED 2-7-9 1938 T. R. Meyer M. D. Hdq. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1938, to Feb. 17, 1938
I last saw him alive on 2:10 A.M. 2/17/38 Death is said to have occurred on the date stated above, at 2:10A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Korsakoff's Syndrome.	unkn.
Other contributory causes of importance: Chronic Alcoholism.	unkn.

75

Name of operation none Date of
What test confirmed diagnosis? Phys. clinical findings, laboratory. 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) C. W. Hughes, M.D., Ch. Med. Off. McDr
(Address) VAF, Jefferson Barracks, Mo.

707

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.