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

REC'D SEP 9 1938

29578
Do not use this space.

1. PLACE OF DEATH
(a) County NEW MADRID 2 Registration District No. 821
(b) Township EAST Primary Registration District No. 5801 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALBERT W. WILLIAMSON 159
(a) Residence, No. NEW MADRID Co St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (~~HUSBAND OF~~) (OR) ~~WIFE OF~~ Emma Williamson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25-1853

7. AGE: YEARS 84 MONTHS 9 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer Retired
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) Iowa

FATHER
13. NAME John Williamson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Ann Townsend
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Pearl Tetley Sikeston, Mo.

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Wapello, Ia DATE Aug 14 1938

19. FUNERAL DIRECTOR (NAME) H J Weld (ADDRESS) Sikeston Mo.

20. FILED 9-8 1938 G W H Presnell Local Registrar. 539

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1937 to Aug 13, 1938
I last saw him alive on Aug 3, 1938 Death is said to have occurred on the date stated above, at 8:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	
92 A	

Other contributory causes of importance: none

Name of operation none 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?
If so, specify
(Signed) G W H Presnell, M. D.
(Address) Sikeston Mo

Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...
Harvey S. Johnson, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed. Harvey S. Johnson

Licensed Embalmer No. 3704

P. O. Address. Silverton, Or

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.