

DEC 18 1939

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

40113
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township North Mt. Vernon Primary Registration District No. 3733
(c) City Mt. Vernon, Mo (d) Street No. Missouri State Sanatorium 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

Anna Williamson
(a) Residence, No. Bernie, Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 William Williamson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 3 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Fall 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Bernie (STATE OR COUNTRY) Missouri

FATHER 13. NAME Albert Charles

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Anna Thurston

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana

17. INFORMANT E. McMichael Record Clerk (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL Campbell Mo DATE Nov 10 1939

19. FUNERAL DIRECTOR (NAME) Lander & Sons (ADDRESS) Campbell Mo

20. FILED Nov 10 1939 P. A. Johnson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1939 to Nov. 10, 1939

I last saw her alive on November 9, 1939. Death is said to have occurred on the date stated above, at 2:20a m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset 1938

Other contributory causes of importance:

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) C. E. Hellweg, M. D.

(Address) Mount Vernon, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 12039-2462

Date Filed DEC 6 1939

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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