

STANDARD CERTIFICATE OF DEATH

State File No. **38712**
Registrar's No. **171**

Registration District No. **324** Primary Registration District No. **3072**

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
470 W. Boyd /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 47 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline **77**

(c) City or town Marshall **1**
(If outside city or town limits, write "RURAL")

(d) Street No. 470 W. Boyd **2**
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Leona Williamson

3. (b) If veteran, name war _____ # _____

3. (c) Social Security No. _____ # _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William A. Williamson 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Oct. 2 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28
year 1945 hour 7 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from 1936
to 20-28 1945

that I last saw her alive on Nov 27 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>0</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death Coronary occlusion

Due to Hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy 61

9. Birthplace Nelson Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business " " " "

MOTHER FATHER {

12. Name Issac LaGore

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant William A. Williamson
(b) Address Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/45
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Memorial Gardens

18. (a) Signature of funeral director J. Leola Burmy
(b) Address Marshall, Mo.

19. (a) 11.30.45 (Date received local registrar) (b) Mat. Owsallork (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Lawrence (M. D. or other) _____
Address Marshall, Mo. Date signed Nov 28 1945

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1215

