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

Do not use this space.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 29996

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 3803

City: Kansas City (No. Trinity Luthern Hosp St. Ward)

2. FULL NAME Sidney R. Williamson

(a) Residence. No. 4222 Cambridge 1 Ward. Kansas City, Kans
(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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male.	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rhoda Williamson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 26 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
65	6	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Twin City State Bank

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

PARENTS

10. NAME OF FATHER: Elbert Williamson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): W. Va.
12. MAIDEN NAME OF MOTHER: Lydia Clingman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Rhoda Williamson
(Address) 4222 Cambridge

15. FILED 9/15, 1930 M. M. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 12 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-8, 1930, to 9-12, 1930, that I last saw him alive on 9-12, 1930, and that death occurred, on the date stated above, at 5:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic hemorrhagic Infection
Colitis
122B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 114B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. C. Conom, M. D.

9/13, 1930 (Address) Kansas City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cremation at Elmwood Burial at Union — DATE OF BURIAL: Sept. 15 1930

20. UNDERTAKER: Gates Funeral Home — ADDRESS: K.C.K.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 3 1946