

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

Do not use this space.

40054
5062

1. PLACE OF DEATH

County.....Jackson..... Registration District No.....
Township.....Kaw..... Primary Registration District No.....
City.....Kansas City..... (No. 3118 Tabash..... St. Ward)

File No.....
Registered No.....

2. FULL NAME Mrs. Wirmie A. Williamson

(a) Residence, No. 3118 Tabash St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Thos. D. Williamson Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14th, 1865
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 7 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) New York 2

MOTHER FATHER 13. NAME Michael Malloney 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER 15. MAIDEN NAME Bridget Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Thos. D. Williamson Jr.
(ADDRESS) 3118 Tabash

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Wash DATE 12-21-32

19. UNDERTAKER W. E. Mayberry
(ADDRESS) City

20. FILED 12/29 1932 M. M. Corowe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29th, 1932

22. HEREBY CERTIFY, That I attended deceased from Dec. 1, 1932 to Dec 29, 1932

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset
Coronary Occlusion
974
943 ①
Other contributory causes of importance:
Chronic Carditis
J. D. [Signature]

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) [Signature], M. D.
(Address) [Address]

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.

1951 PM

1951 PM

1951 PM