

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

Do not use this space.

**1. PLACE OF DEATH**

County DeKalb  
Township Smith  
City Smith (No. \_\_\_\_\_)

Registration District No. 290  
Primary Registration District No. 4174

File No. 16292  
Registered No. 32  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 22, 1844</u>		
7. AGE	YEARS <u>90</u>	MONTHS <u>2</u>
	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	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) <u>Columbus Ohio</u>		
FATHER	13. NAME <u>Not known</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Not known</u>	
	15. MAIDEN NAME <u>Janie Williamson</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Not known</u>	
	17. INFORMANT (ADDRESS) <u>E. H. Pool Smith Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smith Cemetery May 11, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Russell Smith Mo</u>		
20. FILED <u>6-1</u> 1934 <u>Dr. J. H. ...</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from the last few weeks last saw alive May 12, 1934  
I last saw him alive on May 12, 1934 Death is said to have occurred on the date stated above, at 5:00 P.M.  
The principal cause of death and related causes of importance were as follows:  
Evaluation as necrosis of toes of feet remote cause immediate cause of death was pneumonia  
Other contributory causes of importance: Weakness from old age worry in thinking of the end of life

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) W. H. Russell, M. D.  
(Address) Smith 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.

JUN 21 1934

8

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

JUL 26 1934

**PLACE OF DEATH**

County Dunklin  
Township Senath  
City Senath (No. .... St. .... Ward)

Registration District No. 290  
Primary Registration District No. 4174

File No. ....  
Registered No. 36

**2. FULL NAME**

Byron L. Williamson

(a) Residence, No. .... St. .... Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED w (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1934

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

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

I last saw h. .... alive on ....., 19... Death is said to have occurred on the date stated above, at ..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or ..... min.  
90 2 21

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Pneumonia Labor  
Other contributory causes of importance: 108

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT E. H. P. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 19 108 W. H. Russell Registrar

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) W. H. Russell, M. D.

(Address) Senath Mo

RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. REGISTRARS

SUPPLEMENTARY

5-16292