

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

Do not use this space.

APR 7 6 1935

8643

1. PLACE OF DEATH

County Douglas
Township Finley
City Finley (No. _____) St. _____ Ward _____

Registration District No. 272
Primary Registration District No. 5380

File No. _____
Registered No. 47

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary E. Williamson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13, 1846</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>10</u>
	DAYS <u>16</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>Farmer</u>	
	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 <u>50</u>
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jamesville, Ohio</u>	
	13. NAME <u>John Williamson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Gimeshiser</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
17. INFORMANT <u>Testes J. Williamson</u> (ADDRESS) <u>Ans. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Huffman</u> DATE <u>3-31</u> 19 <u>35</u>		
19. UNDERTAKER <u>C. B. Clumkingbeard</u> (ADDRESS) <u>Ans. Mo.</u>		
20. FILED <u>4-10</u> 19 <u>35</u> <u>Henry Burke</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935, to March 29, 1935

I last saw him alive on March 28, 1935 Death is said to have occurred on the date stated above, at 10 P. m.

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

Chronic nephritis & Uremia

Date of onset	<u>Nov</u>
Temp.	<u>101.5</u>

Other contributory causes of importance:

abscess in left shoulder
1 1/2 p.p. only of prostate

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? No
If so, specify _____

(Signed) P. M. Norman, M. D.
(Address) ava

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.

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1. PLACE OF DEATH

County Douglas
Township _____
City _____ (No. _____)

Registration District No. 272
Primary Registration District No. 3380

File No. _____
Registered No. 47
St. _____ Ward _____

2. FULL NAME

Abram Kennerly 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 (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29-35

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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. 88 10 16

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.
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 _____

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

1946
Other contributory causes of importance:
traumatic abscess left shoulder

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury? March 21/16, 1935

15. MAIDEN NAME _____

Where did injury occur? at home Ave. mo
(Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place. at home

17. INFORMANT (ADDRESS) _____

Manner of injury fall
Nature of injury fracture

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER (ADDRESS) _____

If so, specify _____

20. FILED 4-10-35 Henry Burke Registrar

(Signed) _____, M. D.
(Address) _____

A.M. Nov 12, 1935

JUL 10 1923

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