

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 27 1935

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

Do not use this space.

27145

1. PLACE OF DEATH
 County New Madrid Registration District No. 604
 Township New Madrid Primary Registration District No. 435-8
 City New Madrid (No. _____) St. _____ Ward _____

2. FULL NAME Sarah 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 female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Williamson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1858

| | | | |
|-----------------|--------|------|----------------------------------------------|
| 7. AGE YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| <u>about 77</u> | | | |

OCCUPATION

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

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) Tenn

FATHER

13. NAME benk

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

MOTHER

15. MAIDEN NAME benk

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

17. INFORMANT (ADDRESS) George Williamson
New Madrid

18. BURIAL, CREMATION, OR REMOVAL PLACE New Madrid DATE Aug 7

19. UNDERTAKER (ADDRESS) None

20. FILED Dr Y 1935 W. B. Bannan Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1935

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7 P. m.

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

Date of onset

Cause of death
No medical attention given.

Other contributory causes of importance:
senility

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. B. Bannan M. D.
 (Address) New Madrid, Mo.

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