

MAR 24 1937

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

Do not use this space.

12899

1. PLACE OF DEATH

 County Pemiscot
 Township Virginia
 City Stellinos (No. _____, St. _____, Ward _____)

 Registration District No. 655
 Primary Registration District No. 5772

 File No. _____
 Registered No. _____

2. FULL NAME

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

 Length of residence in city or town where death occurred 18 yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

7-24-1919

7. AGE

18

MONTHS

7

DAYS

13
 If LESS than 1
 day, _____ hrs.
 or _____ min.

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

Farmer

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)

Stellinos, Mo.

13. NAME

Randolph Williamson

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

Vincennes, Ind.

15. MAIDEN NAME

Cris Jackson

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

Stellinos, Mo.

17. INFORMANT (ADDRESS)

Randolph Williamson, Stellinos, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

3-8-37

19. UNDERTAKER (ADDRESS)

Bayou Land Co, Stellinos, Mo.

20. FILED

Mar 10, 1937, S. L. Robinson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7-193722. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1937, to death, 1937.
 I last saw him alive on Feb, 1937. Death is said
 to have occurred on the date stated above, at 12:40 pm.

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

Cancer all through
 body.

Date of onset

Other contributory causes of importance:

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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 _____, 1937.

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) J. B. McDonald, M. D.
 (Address) Stellinos, Mo.

N. B.—Every item of information hereon is extremely important. AGE should be stated in years and months. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1. PLACE OF DEATH

County Remick
Township Virginia
City..... (No..... St..... Ward)

Registration District No. 655
Primary Registration District No. 5872

File No. 12899
Registered No.....

2. FULL NAME

Ben F 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than day, hrs. or min.
	<u>18</u>	<u>7</u>	<u>13</u>	

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.....

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 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Coleman Cemetery DATE 3-9 1937

19. UNDERTAKER (ADDRESS) German Undert. Co. State, Mo.

20. FILED Mar 10 1937 S. F. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7 1937

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

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

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

Cancer all through the body I guess. Started in leg the last. An amputation.

Other contributory causes of importance: (B)

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) J. H. McDaniel, M. D.
(Address) Steele Mo

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