

[The main body of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a formal report or memorandum, but the specific words and sentences cannot be discerned.]

CONFIDENTIAL

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

18967
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 603
 (b) Township Primary Registration District No. 4357 Registered No.
 (c) City Morehouse (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Laura Blanche Williamson
 (a) Residence, No. Morehouse St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 10 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
 9. Industry or business in which work was done, as 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) Fredricksburg

MOTHER 13. NAME Joseph Smith

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs R. J. Kelley
Secretary

18. BURIAL, CREMATION, OR REMOVAL PLACE Flint Mich DATE May 28 1938

19. FUNERAL DIRECTOR (ADDRESS) John Albritton
Secretary

20. FILED 4-26-38 Mrs. John Parrish
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1938

22. I HEREBY CERTIFY, That I attended deceased from May 23 1938 to May 23 1938

I last saw her alive on May 23 1938. Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Cerebral Hemorrhage Date of onset
 Other contributory causes of importance:
Hypertension

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?
 If so, specify
 (Signed) G. W. H. Greenell, M. D.
 (Address) Secretary Mo.

ALL BIRTH CASES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY A

