

REC'D FEB 10 1939

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

156
Do not use this space.

791
5-1003

Registered No. 156

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City or St. Louis, Mo. (d) Street No. 1536 Papin St. May's Dr.
(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 452 Corinne Williamson

(a) Residence, No. 1621 a O'Fallon St. 25 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colred 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) December 1, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 1 0

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

13. NAME Sam Williamson

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

15. MAIDEN NAME Mary Ann Brown

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

17. INFORMANT Sam Williamson (ADDRESS) 1621 O'Fallon St.

18. BURIAL, CREMATION, OR REMOVAL Father Deceased Jan 5 1939 W. L. GREEN, Local Registrar

19. FUNERAL DIRECTOR (NAME) (ADDRESS) 1701 Biddle St. J. D. Bredbeck, Local Registrar

20. FILED JAN 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1939 to January 1, 1939

I last saw him alive on January 1, 1939 Death is said to have occurred on the date stated above, at 6:45 P. M.

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

Disseminated Pulmonary Tuberculosis
Date of onset

Other contributory causes of importance:

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...
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) M. D.
(Address) 1536 Papin

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.

Licenses # 277

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *2698*

P. O. Address *2769 Howard*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.