

1939 JUN 15 1939

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

18819
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 398
 (b) Township Independence Primary Registration District No. 3019 Registered No. 151
 (c) City Independence (d) Street No. Independence Ave. St.
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME John Thomas Williamson
 (a) Residence, No. 1800 Balston St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Laura Belle Williamson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>75</u>	<u>11</u>	<u>27</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Laura County Missouri

FATHER
 13. NAME George Williamson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo record Tennessee

MOTHER
 15. MAIDEN NAME Fancy Ann Bagain
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laura County Missouri

17. INFORMANT (ADDRESS) Mrs. Laura Belle Williamson 1800 Balston

18. BURIAL, CREMATION, OR REMOVAL PLACE Stotts City, Mo DATE May 6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George C. Carson Independence Mo

20. FILED 5-11-0 39 F. L. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1939

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

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:50 A.M.

The principal cause of death and related causes of importance were as follows:
Middle ear abscess Mar 1 39
Brain abscess May 1 39
gaw

Other contributory causes of importance:
Primary obstruction Apr 20 39

Name of occupation Farmer Date of Mar 1 39
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? yes
 If so, specify _____ (Signed) John D. Greer M. D.
 (Address) Independence Mo

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.

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.....

P. O. Address.....

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.