

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

Do not use this space.

DEC 15 1939

1. PLACE OF DEATH

County Iron

Registration District No. 391

Township Arden

Primary Registration District No. 4230

City Ironton

(No. _____)

St. _____

Ward _____

File No. 39823

Registered No. 73

2. FULL NAME John 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

Male

4. COLOR OR RACE

White

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

Widowed

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

Julia Ann Hanford
Williamson

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

Mar 4 1868

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

71

8

22

OCCUPATION

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

Retierd

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)

Arkansas

FATHER

13. NAME

Unknown

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

MOTHER

15. MAIDEN NAME

Unknown

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

17. INFORMANT (ADDRESS)

Ed Williamson
Ironton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Gideon Mo

DATE

II-28-39

19. UNDERTAKER (ADDRESS)

Norman White & Sons
Ironton Mo.

20. FILED

Nov 27 1939 R. O. Rasche

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from

July, 1938, to Nov., 1939

I last saw him alive on Nov. 14, 1939. Death is said

to have occurred on the date stated above, at 2:30 P.M.

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

Mitral stenosis
Chronic myocarditis
Cerebral embolism

Date of onset

1930

1930

11-26-39

Other contributory causes of importance:

Arterial sclerosis, general

Name of operation no

Date of _____

What test confirmed diagnosis? Phys. Ex. 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? no

If so, specify _____

(Signed)

Ben W. Bull

M. D.

(Address)

Ironton, 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.

