

REC'D JUL 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau
Township Walker
City (No. _____) _____

Registration District No. 571
Primary Registration District No. 5769

File No. 22470
Registered No. 96
St. _____ Ward _____

2. FULL NAME

Katharine Marie Williamson St. _____ Ward _____

(a) Residence, No. _____ (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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Conrad Williamson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4 - 1869</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>11</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		12. Total time (years) spent in this occupation _____
10. Date deceased last worked at this occupation (month and year) _____		13. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8-38

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1938 to 6-8-38

I first saw him alive on 5-10-38, 1938 Death is said to have occurred on the date stated above, at 10 m.

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

Other contributory causes of importance: _____

Age of onset
20 years

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>John Dreesbach</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Barbara Hoffman</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Mrs Edith M. Daniel California Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cem.</u> DATE <u>6-9-38</u>	
19. UNDERTAKER (ADDRESS) <u>C. Albert Hornbeck Prairie Home Mo</u>	
20. FILED <u>6-13-38</u> <u>A. C. Poppey</u> Registrar.	

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) A. R. Meredith M. D.
(Address) Prairie Home 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.

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Handwritten notes on the right side of the page, appearing as a list or series of entries.

Handwritten notes on the right side of the page, including a large 'X' and some illegible scribbles.