

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

Do not use this space.

40730

**1. PLACE OF DEATH**

68 County Monticau  
Township Walker  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 571  
Primary Registration District No. 5769

File No. \_\_\_\_\_  
Registered No. 53 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Josephine 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 13 - 1847</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>3</u>	DAYS <u>3</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co.

13. NAME Wm Longan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co. Mo

15. MAIDEN NAME Mary Ann Jones

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

17. INFORMANT J. W. Longan (ADDRESS) California mo

18. BURIAL, CREMATION OR REMOVAL PLACE New Salem Cem DATE 12/18/32

19. UNDERTAKER Willeaust Friedmeyer (ADDRESS) California mo

20. FILED 12-18-1932 Geo W. Poth Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-16-, 1932, to 12-16-, 1932  
I last saw her alive on 12-16-, 1932 Death is said to have occurred on the date stated above, at 6:00 m.

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

Influenza  
114  
106B  
114  
Other contributory causes of importance:  
Chronic Bronchitis  
Date of onset \_\_\_\_\_

Name of operation None 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? no  
If so, specify \_\_\_\_\_

(Signed) H. R. Popesky, M. D.  
(Address) California mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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