

Georgetown News – May 8, 1953

Mother Of 13, Dies Of Bullet Wounds

Ethel Walters Williamson, 36, mother of thirteen children, died Thursday morning from three bullet wounds, allegedly inflicted by her husband, Richard Williamson.

The Williamsons were residents of Hinton Pike, near Muddy Ford. Their eldest child is sixteen. Mrs. Williamson was the daughter of Mike Walters.

After his arrest Thursday by Sheriff W. O. Murphy and Donald Vanarsdale, Williamson was taken to Eastern State Hospital in Lexington.

At presstime no funeral arrangements had been made.

Georgetown News – May 15, 1953

Ethel Williamson

Funeral services for Mrs. Ethel Walters Williamson, 37, wife of Richard Williamson, who died of bullet wounds Thursday morning, were held at 2 p. m. (CDT) Saturday at the Tucker funeral home. Burial was in the Williamson cemetery at Muddy Ford. Pallbearers, Paul, Noah, Clyde and J. D. Duncan, Arthur Walters Jr. and Cecil McKinney.

Georgetown Graphic – Undated 1953

Williamson Charged With Death Of Wife

An affidavit charging Richard Williamson, 50, a Muddy Ford tenant farmer, with murder was filed Friday by Scott County Atty. T. K. Shuff.

Williamson is charged with fatally wounding his wife, Mrs. Ethel Walters Williamson, 37, mother of 13 children ranging in ages from two months to 17 years, at their home Thursday.

Williamson is at the Eastern State hospital, Lexington, for a 35-day observation period.

Williamson, Ethel Walters 1916 - 1953

Form V. & 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116 53 11116 REGISTRAR'S NO. 50
Registration District No. 1330		Primary Registration District No. 2515		
1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ky. b. COUNTY Scott		
b. CITY (If outside corporate limits, write RURAL and give township) Georgetown		c. CITY (If outside corporate limits, write RURAL and give township) Georgetown - rural		
c. LENGTH OF STAY (in this place) 01		d. STREET ADDRESS Muddy Ford		
d. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION John Graves Ford Hospital				
3. NAME OF DECEASED a. (First) Ethel (Type or Print) b. (Middle) Walters c. (Last) Williamson		4. DATE OF DEATH (Month) May (Day) 7 (Year) 1953		
5. SEX Female		6. DATE OF BIRTH July 3, 1916		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		9. AGE (in years last birthday) 36		
10a. USUAL OCCUPATION (Give kind of work done during year if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		
11. BIRTHPLACE (State or foreign country) Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Walters		14. MOTHER'S MAIDEN NAME Bessie Mullins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		
17. INFORMANT Everett Walters				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication to which death was caused. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Five .22 bullets entered the body, one in mouth, two in neck, two in back DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 981X - 141 - 21		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT (Specify) Homicide		21b. PLACE OF INJURY (a.e., in or about home, room, factory, street, office building, etc.) Home		
21c. (CITY, TOWN, OR TOWNSHIP) Georgetown, rural		21d. (COUNTY) Scott,		
21e. (STATE) Ky.				
21f. HOW DID INJURY OCCUR? Shot by husband				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. DATE SIGNED May 8, 1953		23b. ADDRESS Georgetown, Ky.		
23c. SIGNATURE <i>Jack B. Tucker</i>		23d. (Degree or title) Funeral Director		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 9, 1953		
24c. NAME OF CEMETERY OR CREMATORY Williamson Cemetery		24d. LOCATION (City, town, or county) (State) Scott Ky.		
25a. DATE REC'D BY LOCAL REG. 5-8-53		25b. REGISTRAR'S SIGNATURE <i>Wm. S. Sime</i>		
25c. FUNERAL DIRECTOR Jack B. Tucker		25d. ADDRESS Georgetown, Ky.		

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