

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

Do not use this space.

1. PLACE OF DEATH

County Cole

Township Morgan

City 425

(No. 214)

Registration District No. 214

Primary Registration District No. 5294

File No. 6390

Registered No. 4

St. _____

Ward _____

2. FULL NAME Mary Jane Wilson

(a) Residence, No. _____ St. _____

(Usual place of abode)

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 - 1852

7. AGE

YEARS 88

MONTHS 0

DAYS 12

If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Data 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) Missouri

FATHER

13. NAME William Wilson

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. 1

15. MAIDEN NAME Elizabeth Paul

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

17. INFORMANT (ADDRESS) Mrs. John Schuman

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wanghills

DATE Feb 9

19. UNDERTAKER (ADDRESS) Russellville Mo

20. FILED Feb 9

1946

Mrs. Mabel Barker

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 - 1940

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

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7:30 p.m.

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

Cerebral Apoplexy

Date of onset

Jan.

15:40

Other contributory causes of importance: _____

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) Walter S. Leskie

M. D.

(Address) Russellville 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.

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

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