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

Do not use this space.

18715

1. PLACE OF DEATH
County: Moniteau — Registration District No.: 571 — File No.:
Township: Walsar — Primary Registration District No.: 5769 — Registered No.: 25
City: ..... (No.) ..... St. ..... Ward)

JUN 27 1931

2. FULL NAME: Louisa Isabel Wilson

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(or) WIFE OF~~: Ed Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 2 - 1867

7. AGE: Years 64 | Months 1 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 35
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Moniteau Co. Mo.

PARENTS
10. NAME OF FATHER: C C Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTY): Tenn
12. MAIDEN NAME OF MOTHER: Elizabeth Angelin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTY): Tenn

14. INFORMANT: Mrs Archie Hill
(Address): California Mo

15. FILED: May 12 1931 — Jas N Roth — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 11th 1931

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..., that I last saw h. alive on May 11 1931, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
Q.H.R.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Asthma
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L. M. Gray, M. D.
May 12, 1931 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Flag Spring Cemetery — DATE OF BURIAL: May 13 1931
20. UNDERTAKER: Williams & Friedmeyer — ADDRESS: California 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.