

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

Do not use this space.

18601

1. PLACE OF DEATH

County Jasper
Township Jasper
City Joplin (No. 1609)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. 312
St. _____ Ward _____

2. FULL NAME

Susan Isabell 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 - 4 - 12 -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife, 924
(b) General nature of industry, business, or establishment in which employed (or employer) 95
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

10. NAME OF FATHER J. Lloyd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) no record

12. MARRIAGE NAME OF MOTHER Cacy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) N. Carolina

14. INFORMANT James Breiburn (Address) Joplin Mo.

15. June 28, 1927 A. B. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/26 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 1927, to _____, 1927, and that I last saw him alive on _____, 1927, and that death occurred, on the date stated above, at _____, 9 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertrophy of Heart with Valvular Disease

18. CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) H. S. Ireland, M. D.
6/27, 1927 (Address) Joplin Mo

*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 Forest Park DATE OF BURIAL 6/28 1927

20. UNDERTAKER Winkler and Co ADDRESS Joplin 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.

RECORD WITH UPDATING INK—THIS IS A PERMANENT RECORD

27 1927

