

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

Do not use this space.

OCT 25 1927

26686

**1. PLACE OF DEATH**

County... *Cape Girardeau* Registration District No. *124*  
Township... *White Water* Primary Registration District No. *5183*  
City... *Millersville* (No. ....) St. .... Ward)

File No. ....  
Registered No. *37*

**2. FULL NAME** *Minnie M. Wilson*

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 4, 1888*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*39* *8* *1*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *House wife*  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bollinger County Mo*

PARENTS

10. NAME OF FATHER *Mose Brotherton*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

12. MAIDEN NAME OF MOTHER *Margaret Hester*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Bollinger County Mo*

14. INFORMANT *Charley Wilson*  
(Address) *Millersville Mo*

15. FILED *9-4-27* *D. G. Seiber* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 2* 19*27*

17. I HEREBY CERTIFY, That I attended deceased from *Sept 1*, 19*27*, to *Sept 2*, 19*27*, that I last saw him alive on *Sept 2*, 19*27*, and that death occurred, on the date stated above, at *11 a.m.*

THE CAUSE OF DEATH WAS AS FOLLOWS:  
*undetermined there was indication of some serious abdominal trouble, ed. w. collapse of heart, 95B* (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *unknown* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *at place of death*

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF ... WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *bedtime physical exam*  
(Signed) *C. K. Stalle* M. D.  
*9-4-27* (Address) *Jackson*

\*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 *Post Oak Chapel near Patton Mo* DATE OF BURIAL *Sept 4 1927*

20. UNDERTAKER *J. W. McCamb Jr.* ADDRESS *Jackson Mo*

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.

