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

Do not use this space.

28810

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Ft Louis (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 8356

2. FULL NAME Esther Wilson

(a) Residence. No. 3879 Hartford St., 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James H. Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 30 1892

7. AGE: Years 34 | Months 9 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Cobden
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: J. C. Hahn
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Sugar Creek
(STATE OR COUNTRY): Michigan
12. MAIDEN NAME OF MOTHER: Amanda Hutchison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Pope County Illinois
(STATE OR COUNTRY): Hospital Information

14. INFORMANT: E. Rowan
(Address): City Hospital

15. FILED SEP 20 1927 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 18 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1927, to Sept 18, 1927, that I last saw h.. alive on Sept 18, 1927, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic pulmonary tuberculosis
23A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)
(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) Edmund R Sheridan, M. D
9/19, 1927 (Address) City Hospital

*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: Park Lawn
DATE OF BURIAL: Sept 21 1927

20. UNDERTAKER: Hauck & Schmitt
ADDRESS: 3732 S Grand

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.

...RNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Wilson