

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

Do not use this space.

7 17807
File No.
Registered No. 1328
St. 5th Ward

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Mason Primary Registration District No. 3029
City Hannibal (No. 909 S Arch)

2. FULL NAME

(a) Residence. No. 909 S Arch St. 5th 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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Smith</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>about 1868</u>		
7. AGE YEARS <u>about 60</u>	MONTHS <u>-</u>	DAYS <u>-</u>
IF LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

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

PARENTS	10. NAME OF FATHER <u>Henry Wilson</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Malinda</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Yukon</u>

14. INFORMANT James Smith
(Address) 909 S Arch

15. FILED 5/21 1928 C. E. Stode REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1928

17. I HEREBY CERTIFY, That I attended deceased from 7:30 a m 19... to ... 19...
that I last saw h... alive on ... 19... and that death occurred, on the date stated above, at ...
THE CAUSE OF DEATH* WAS AS FOLLOWS: Aortic Insufficiency
92H (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) POW (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?
Dr. R. Scott Carson
Missouri Co. 2201

*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 <u>Remickson Cem</u>	DATE OF BURIAL <u>5/20 1928</u>
20. UNDERTAKER <u>Geo E Roberts</u>	ADDRESS <u>Hannibal</u>

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.

