

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

Do not use this space.

19090

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
1003
Primary Registration District No.
(No. 3822 inc Rec)

File No.
Registered No. 5509
St. Ward)

2. FULL NAME

(a) Residence. No. Allice A. Wilson
Duka Ill St., 17 Ward, Duka Ill
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 5-1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.	
				<u>69</u>	<u>9</u>

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Duka Illinois
(STATE OR COUNTRY)

10. NAME OF FATHER Hill, Fulton

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Dont known

12. MAIDEN NAME OF MOTHER Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Ill

14. INFORMANT Mr. Robert E. Wilson
(Address) 1017 Forest av.

15. FILED MAY 21 1923 May C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 1st 1928, to date May 20 1928 that I last saw her alive on May 20 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the Rectum 46 Y
1-52

CONTRIBUTORY (SECONDARY) Toward blood abcess
more Tubercular caus unknown

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

1 DID AN OPERATION PRECEDE DEATH. yr. A. DATE OF April 10 28.
WAS THERE AN AUTOPSY? not

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) Walter R. Rainey, M. D.
, 19 (Address) 1914 W. Chestnut

*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 Salem, Ill DATE OF BURIAL May 27 1928

20. UNDERTAKER Hanch & Schmidt ADDRESS 373 v S. Grand St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

University Club 15/10/19