

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

Do not use this space.

26672

1. PLACE OF DEATH

County Carroll Registration District No. 135
Township Carrollton Primary Registration District No. 301A
City Carrollton (No.)

File No.
Registered No. 78
St. Ward

2. FULL NAME Georgia E. Wilcoxson

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

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 7 | 4. COLOR OR RACE W | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. J. Wilcoxson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-8-1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 | 7 | 26

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) Carrollton Mo
(STATE OR COUNTRY)

10. NAME OF FATHER George W. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Carroll County Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Georgia Turner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Newark Co. Mo.
(STATE OR COUNTRY)

14. INFORMANT H. J. Wilcoxson
(Address) Carrollton Mo

15. FILED 8-5 1928 ms E E Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-4 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-1-24 to 8-4-28 that I last saw him alive on 8-4-28 and that death occurred, on the date stated above, at A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Interstitial nephritis
Chr. Hypertrophic Hypocardi
Chr. Endocarditis - Hypertensive
(duration) 4 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Uremic Coma
(duration) yrs. mos. da.

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

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

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. H. Crocker M. D.
8-3-1928 (Address) Carrollton 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 Oak Hill Cemetery DATE OF BURIAL 8-6 1928

20. UNDERTAKER Willie Bros. ADDRESS Carrollton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

