CT 22 1928

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

Do not use this space.

29768

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St Joseph Mo. (No. ..... St. ..... Ward)
File No. .....
Registered No. 1074

2. FULL NAME Minnie Wilson
(a) Residence. No. 1920 S. 5th St., ... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 17-1870

7. AGE: Years 58 — Months 1 ~~7~~ — 24 Days ~~33~~ — If LESS than 1 day, ... hrs. or ..... min.

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): Lathrop
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Earl Weston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): St Joseph Mo
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Kentucky
(STATE OR COUNTRY)

14. INFORMANT: Mrs Lena Williams
(Address): 1920 S 5th St.

15. FILED SEP 13 1928 19..... John G. Hz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): September 10th 1928

17. I HEREBY CERTIFY, That I attended deceased from September 10th, 1928, to September 10th, 1928, that I last saw her alive on September 10th, 1928, and that death occurred, on the date stated above, at 2:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchopneumonia and La Grippe
10A
107A
20B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic Gastroenteritis and La Grippe the later about two weeks
(duration) ..... yrs. ..... mos. ..... ds.

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) R. Willman, M. D
9/12, 1928 (Address) 1215 Faraon St, St Joseph, 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: Ashland Cemetery
DATE OF BURIAL: 9/13 1928

20. UNDERTAKER: B. F. Groves
ADDRESS: 806 S. 17th

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.

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