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

Do not use this space.

45

1. PLACE OF DEATH
County ~~Jackson~~ Andrew Registration District No. 15 File No.
Township Empire Primary Registration District No. 5018 Registered No. 2
City King City (No. St. Ward)

2. FULL NAME Mary Wildish
(a) Residence. No. King City RR 1 St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John T
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 1849
7. AGE 80 YEARS MONTHS — DAYS 29 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(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) Canada

PARENTS
10. NAME OF FATHER Wright
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ~~Canada~~
12. MAIDEN NAME OF MOTHER Bella
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Canada

14. INFORMANT Jennie Wildish
(Address) Kansas City
15. FILED Feb 11 1929 E. C. Jefferies REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan. 28 1929, to Jan 30 1929 that I last saw her alive on Jan 25 1929, and that death occurred, on the date stated above, at 7:15 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy
(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) E. Blackburn, M. D
1/29, 1929 (Address) King City 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 Star Chapel Cem. DATE OF BURIAL Feb 1 1929
20. UNDERTAKER R. G. Taggart ADDRESS King City Mo.

N. B.—Every item of information should be carefully completed. 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 ...

1929 2 0 0 235 5 5 5