

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

Do not use this space.

Hay

20512

1. PLACE OF DEATH

County Vernon
Township Washington
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 6169

File No. _____
Registered No. 129
Sl. _____ Ward _____

2. FULL NAME

(a) Residence. No. State Hospital # 3 Sl. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 27 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.E. McClain

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 23, 1894

7. AGE YEARS 43 MONTHS 6 DAYS 13 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) OK MO
(STATE OR COUNTRY)

10. NAME OF FATHER Jas. R. Wilson

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

12. MAIDEN NAME OF MOTHER Eliza Thomas

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

14. INFORMANT J.E. McClain
(Address) Archie Mo.

15. FILED 6/6/29 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1924, to May 6, 1929, that I last saw her alive on May 6, 1929, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Maniacal exhaustion
(duration) _____ yrs. 2 mos. _____ ds.

CONTRIBUTOR (SECONDARY) M
(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? Clinical
(Signed) J. T. O'Dell, M. D.

May 6, 1929 (Address) Nevada 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 Home MO DATE OF BURIAL May 8 1929

20. UNDERTAKER Allen V Hays Nevada, MO.
ADDRESS _____

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.

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