AUG 27 1929

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

85

Do not use this space.

23847

File No. 1481

Registered No. 838

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001

Township: Washington — Primary Registration District No.:

City: St. Joseph (No. 1123 South Eighth St. Ward)

2. FULL NAME Ethel May Wilson

(a) Residence. No. 1123 So. 8th St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 3 mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If Married, Widowed, or Divorced: Husband of (or) Wife of John Wilson

6. DATE OF BIRTH (Month, day and year) March 24 1887

7. AGE	Years	Months	Days	If less than 1 day, hrs. or min.
	42	3	17	

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): St. Joseph
(State or country): Missouri

PARENTS

10. NAME OF FATHER: John Schoolcraft
11. BIRTHPLACE OF FATHER (City or town):
(State or country): Unknown
12. MAIDEN NAME OF MOTHER: Mary J. Biggs
13. BIRTHPLACE OF MOTHER (City or town):
(State or country): Ind. Indiana

14. INFORMANT: Nellie Schoolcraft
(Address): Kirksville Addition

15. FILED: 1929 19.. Mary E. Fitz, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month, day and year) July 11, 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19.., that I last saw her alive on ....., 19.., and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma (uterus)

about (duration) 3 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? Yes — DATE OF April 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) E. L. Gunning, M. D.

7/12, 1929 (Address) 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	DATE OF BURIAL
City Cemetery	July 14, 1929

20. UNDERTAKER	ADDRESS
E. L. Eidenfaden	602 So. 10

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.

THIS IS A PERMANENT RECORD