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.

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

399

Do not use this space.

24728

File No. 3140

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo (No. 4011 E. 19th St. Ward)
Registration District No. 1002
Primary Registration District No.

2. FULL NAME Ella M. Wilson
(a) Residence. No. Liberty Mo St., Ward. Liberty, Mo
(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 Fe
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 Oliver M. Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27-1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
5-7	1	20	

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) Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Edward R. Dunn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Eliza A. Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

14. INFORMANT J. E. Dunn
(Address) Roswell N. M.

15. FILED 7/19, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1929

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1929 to July 17, 1929 that I last saw her alive on 7 " " 19 , and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pericarditis +
131
90
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis Chronic
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Liberty Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) N. Tesson, M. D.
7/18, 1929 (Address) 909 Rialto

*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 Freeman Mo
DATE OF BURIAL July 19 1929

20. UNDERTAKER Rose & Henderson
ADDRESS City Mo.

235
1
2

Dr Tesson