

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

Do not use this space.

31624

1. PLACE OF DEATH

County Pulaski
Township Union
City St. Louis (No. _____)

Registration District No. 711
Primary Registration District No. 55940

File No. 19
Registered No. 17
St. _____ Ward _____

2. FULL NAME

Halie Adeline Wilson

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

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

John A. Wilson

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

3/13-1877

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>52</u>	<u>6</u>	<u>16</u>	

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)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

James E. Simpson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER

Nancy William

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Not known

14.

INFORMANT John A. Wilson
(Address) Dixon mo

15.

FILED 10/5 19 29 A. S. Lick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 19 29

17. I HEREBY CERTIFY That I attended deceased from Aug 24 19 29 to Sept 29 19 29
that I last saw him alive on Sept 17 19 29, and that death occurred, on the date stated above, at 3 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the right Mammary Gland.
50

CONTRIBUTORY (SECONDARY)

unknown (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF April 1929

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic

(Signed) H. J. Bell M. D.

Sept 19 19 29 (Address) Trainer, 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

Seaton Cemetery

DATE OF BURIAL

Sept 30 19 29

20. UNDERTAKER

Fred H. Gilbert ADDRESS Dixon mo

