

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

Do not use this space.

39830

1. PLACE OF DEATH

County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5127
 City St. Joseph (No. 1 1/2 M. So. 60.01 St. Joseph, Sparta Road Ward)

File No. _____
 Registered No. 86

2. FULL NAME

Mahala Ann Wilson,

(a) Residence. No. 1 1/2 M. So. Sparta Road Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 22 yrs. mos. 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) Widowed,
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Wilson,
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15, 1855
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 5 5

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home,
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Buchanan County,
 (STATE OR COUNTRY) Missouri,

10. NAME OF FATHER Jacob Cox,
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisville,
 (STATE OR COUNTRY) Kentucky,
 12. MAIDEN NAME OF MOTHER Mahala Poe,
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Kentucky,

14. INFORMANT Miss Luella Wilson
 (Address) R.F.D.# 5, St. Joseph, Mo.

15. FILED 13-23-29 19 J. J. Burns REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20 1929
 17. I HEREBY CERTIFY, That I attended deceased from July 22 1929 to Dec. 20 1929
 that I last saw her alive on Dec. 20 1929, and that death occurred, on the date stated above, at 10:45 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral hemorrhage
87 1/2
87 D

CONTRIBUTORY (SECONDARY) Paraplegia (duration) yrs. mos. ds. 5 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?
 (Signed) Dr. John M. Spence M.D.
Devi 1929 (Address) Wingspatrick Bldg

*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 Ashland Cemetery DATE OF BURIAL Dec. 23 1929

20. UNDERTAKER Heaton Bellala Bowman ADDRESS St. Joseph, Mo.

Durant Home

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten initials and numbers

Handwritten number 23

Handwritten number 2

11/17/1954

11/17/1954

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