

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

Do not use this space.

8632

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kaw Primary Registration District No. 1002 Registered No. 1008
 City K.C. Mo. (No. St. Joseph Hospital St. _____ Ward)

2. FULL NAME

Maudie Wilson
 (a) Residence. No. 1312 Bales St. 12 Ward.
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Wilson.
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 30 - 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
49 5 5
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework.
 (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)
 10. NAME OF FATHER James Morgan
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Bettie McEuthen
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)

14. INFORMANT Mrs. G. T. Lawson
 (Address) 1001 East 75th St. Turace
 15. FILED 3/5 1930 M. M. Crowe REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-5 1930
 17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1930, to Mar 5, 1930, that I last saw her alive on Mar 4, 1930, and that death occurred, on the date stated above, at 12 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pylitis
135H
135E (duration) 10 yrs. mos. ds.
 CONTRIBUTORY Cistitis (duration) 1 yrs. mos. ds.

18. WHEN WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.
1930
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) R. L. St. Clair M. D.
3/5, 1930 (Address) 524 2 St John

*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 Elmwood DATE OF BURIAL Mar 7 1930
 20. UNDERTAKER Mrs. C. L. Foutch ADDRESS K.C. Mo.

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—THIS IS A PERMANENT RECORD

