

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**

Do not use this space.

11561

PLACE OF DEATH

County Andrew, Registration District No. 8
 Township Lincoln Primary Registration District No. J.T. 11
 City Nodaway, (No. Nodaway, Missouri, St. _____ Ward)

File No. _____

Registered No. _____

2. FULL NAME Margaret Matilda Wilson,
 (a) Residence. No. Nodaway, Mo. St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 30 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*) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Wilson,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28, 1861.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>66</u>	<u>5</u>	<u>20</u>	

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) Andrew County,
 (STATE OR COUNTRY) Missouri,

10. NAME OF FATHER James Bond,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Unknown,

12. MAIDEN NAME OF MOTHER Mary Clemmons,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Andrew Co.,
 (STATE OR COUNTRY) Missouri,

14. INFORMANT Mrs. Cora Taylor
 (Address) Nodaway, Missouri,

15. FILED Apr 20, 1930 J. W. Holcomb
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18, 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 8th
Apr 17, 1930, to Apr 17, 1930
 that I last saw her alive on Apr 16, 1930, and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Volunteer in anffinity of heart.
92R
112 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Asthma
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS S. S. Bess
 (Signed) _____, M. D.
Apr 19, 1930 (Address) Wagoners, Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Savannah, Missouri, DATE OF BURIAL Apr. 20, 1930

20. UNDERTAKER Frank A. Bowman ADDRESS Savannah, Mo.

