MAY 27 19..

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

Do not use this space.

13295

1. PLACE OF DEATH
County Madison
Township
City Fredericktown, Mo. (No. ..... St. ..... Ward)

Registration District No. 988
Primary Registration District No. 9018

File No.
Registered No.

2. FULL NAME Nancy A. Wilson
(a) Residence. No. ..... St., ..... 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| F | W | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22 1852

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 77 | 7 | 29 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(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) Iron, Co. Mo.

PARENTS
10. NAME OF FATHER Wm White
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ala.
12. MAIDEN NAME OF MOTHER Elizabeth Arnett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Clay Marsh
(Address) Fredericktown, Mo.

15. FILED 4 30 1930 C. V. Davis REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 1 1, 1930, to Apr 21 1930 that I last saw her alive on Apr 21 1930 and that death occurred, on the date stated above, at 7-9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Finally heart failed
(duration) ..... yrs. ..... mos. 5 ..... 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?
(Signed) M. B. Barlow, M. D.
4/21, 1930 (Address) Fredericktown, 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 | DATE OF BURIAL |
|---|---|
| Arcadia, Mo | April 23 1930 |

20. UNDERTAKER Ed H. Webb, Fredericktown, Mo.
ADDRESS

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.