

Do not use this space.

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

21829

AUG 20 1930

1. PLACE OF DEATH

County Andrew Registration District No. 912
Township Vandalia Primary Registration District No. 4532
City Vandalia (No. _____) St. _____ Ward _____

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Sarah Agnes 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(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) Curryville Mo.

10. NAME OF FATHER Robert Cribble

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Daubey Knott

12. MAIDEN NAME OF MOTHER Louisa Sawkin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Henry Wilson (Address) Vandalia

15. FILED 7/12 30 1930 Mollie Fugate REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1930

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1930, to July 11, 1930 that I last saw her alive on July 11, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of breast

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

CONTRIBUTORY (SECONDARY) 47 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS (Signed) D. G. Matthew M. D. , 19 (Address) Vandalia, 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 Mount Air Pike, Co. Mo. DATE OF BURIAL Jul 13 30

20. UNDERTAKER W. J. Waters ADDRESS Vandalia

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.

