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

Do not use this space.

1883

File No. 1883

Registered No. 1623

**1. PLACE OF DEATH**

County: LACLEDE — Registration District No. 449

Township: — Primary Registration District No. 4267

City: LEBANON (No. ..... St. ..... Ward)

**2. FULL NAME** Eliza Jane 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 | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 11th 1869

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 61 | 9 | 27 | |

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

9. BIRTHPLACE (CITY OR TOWN) Laclede Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Johiah Brown

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

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

14. INFORMANT E. G. Wilson
(Address) Lebanon Mo.

15. FILED 1/9, 1931 J. M. Bellamy REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1930, to Jan 8, 1931, that I last saw her alive on Jan 8, 1931, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Degeneration
93A
93C
95A (duration) About yrs. 15 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Valvular Lesion Sequelae Heart Heart Beat 11 atame (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? Physical exam Urine Microscopic

(Signed) T. H. Day, M. D.

, 19 (Address) Lebanon, 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 |
|---|---|
| Lebanon Mo | Jan 10 1931 |
| **20. UNDERTAKER** | **ADDRESS** |
| Palmer | Lebanon |

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.