

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

9240

1931
7
21
1831
ADP

1. PLACE OF DEATH

County Cole
Township
City Jefferson (No. _____)

Registration District No. 213
Primary Registration District No. 3014

File No. _____
Registered No. 63
St. _____ Ward)

2. FULL NAME

(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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-7-1915</u> | | |
| 7. AGE | YEARS <u>16</u> | MONTHS <u>20</u> |
| | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Invalid</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co Mo 1</u> | |
| FATHER | 13. NAME <u>Walter W. Wilson</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co Mo</u> | |
| | 15. MAIDEN NAME <u>Laura Burnett</u> | |
| INFORMANT | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co Mo</u> | |
| | 17. INFORMANT (ADDRESS) <u>W. W. Wilson Jefferson City Mo</u> | |
| 18. BURIAL CREMATION OR REMOVAL | | |
| PLACE | <u>Med Salem Cem</u> | DATE <u>Mar-9-31</u> |
| 19. UNDERTAKER (ADDRESS) <u>Wymor-Gordon Jefferson City Mo</u> | | |
| 20. FILED <u>4-9-31</u> <u>N. Bellford</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1931
22. I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to March 7, 1931
I last saw h. alive on March 2, 1931. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Septic pneumonia Date of onset 3-1-31

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. D. Taylor, M. D.
(Address) Jefferson City Mo

