

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

Do not use this space.

9746 L

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Hawthorn Primary Registration District No. 5554
City H.C. 2nd (No. 10007 Independence, Mo.) St. _____ Ward _____

File No. _____
Registered No. 120

2. FULL NAME

Nancy Wilson
(a) Residence. No. 10007 Independence, Mo. St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. W. Wilson</u>		
7. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 4 1852</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>0</u>	DAYS <u>19</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>self 235</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois 2</u>		
PARENTS	10. NAME OF FATHER <u>W. C. Hays</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	12. MAIDEN NAME OF MOTHER <u>Nancy Stipe</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
14. INFORMANT <u>Mrs. J. W. Terister</u> (Address) <u>10007 Ind. Rd</u>		
15. FILED <u>3-24-19-31</u> <u>J. H. Cook</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar - 23 - 1931

17. I HEREBY CERTIFY, That I attended deceased from 1/6, 1929 to 3/23, 1931 that I first saw her alive on 3/1, 1931, and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Arteriosclerosis
Arterio Sclerosis
94 B
97 (duration) _____ yrs. _____ mos. _____ ds.

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

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical (Signed) William M. D. (1)

(Address) 10307 Independence Ave. Kansas

*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 <u>West Plain Mo</u>	DATE OF BURIAL <u>3-25-1931</u>
20. UNDERTAKER <u>Mrs. C. L. Foster</u>	ADDRESS <u>H.P. 9010</u>

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.

APR 23 1931

