

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

Do not use this space.

17407

1. PLACE OF DEATH

County Christian
Township Linsler
City..... (No..... St..... Ward)

Registration District No. 182
Primary Registration District No. 5252

File No.....
Registered No.....

2. FULL NAME Rosa Mae 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-26-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
52 1 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. housewife
(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) Kansas

10. NAME OF FATHER Adam Cutler

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) 31

12. MAIDEN NAME OF MOTHER Large

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

14. INFORMANT.....
(Address).....

15. FILED 6/10, 1931 D. A. Myers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) May-27-1931

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to May 25, 1931
that I last saw h.w. alive on May 20, 1931, and that death occurred, on the date stated above, at 11:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

48 Cancer of Uterus
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 48
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS None
(Signed) W. Williams, M. D.

, 19 (Address).....

*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

Marionville Cem May 29 1931

20. UNDERTAKER ADDRESS

J. W. Maples Clever-Mo

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.

JUN 24 1931

