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

Do not use this space.

22010

File No.
Registered No. 17

1. PLACE OF DEATH
County Lincoln
Township
City Moscow Mills
Registration District No. 491
Primary Registration District No. 5656
St. Ward)

2. FULL NAME Sarah 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF James Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 5 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	9	29	

8. OCCUPATION OF DECEASED House Wife
(a) Trade, profession, or particular kind of work At home
(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) Missouri

PARENTS

10. NAME OF FATHER Harrison Parsons
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT James Wilson
(Address) Moscow Mills, Mo.

15. FILED 6-6. 1931 W. P. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) [redacted] 1931

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1931, to June 4, 1931, that I last saw h[redacted] alive on [redacted] 4, 1931, and that death occurred, on the date stated above, at 2 300 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremic Poisoning, following Chronic Bright's Disease and Cerebral Apoplexy.
(duration) yrs. 4 mos. da.

CONTRIBUTORY (SECONDARY) 131
(duration) yrs. mos. da.

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? Clinical Symptoms
(Signed) W. P. Smith, M. D.
, 19 (Address) Troy Mo

*State the DISEASE CAUSING DEATH, or if 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 Wilson cemetery
DATE OF BURIAL June 5 1931

20. UNDERTAKER David L. Tolbert
ADDRESS Winfield Mo.

N. B.—Every item of information should be given. Exact information is necessary. Do not use abbreviations. CAUSE OF DEATH in plain terms, so that it may be properly classified.