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.

OCT 29 1931

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

Do not use this space.

33345

1. PLACE OF DEATH
County Stoddard, Registration District No. 836
Township Liberty, Primary Registration District No. 5098 B.
City ..... (No. ..... St. ..... Ward)

File No. 4
Registered No. 28

2. FULL NAME Lucy Ellen 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 F.
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 John E. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1883

7. AGE YEARS 58. MONTHS 1 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

FATHER
13. NAME Henry Cunningham.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER
15. MAIDEN NAME Elizabeth Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Rev. A. A. Wilson Kansas City, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Dexter Cem. DATE 9-7- 1931

19. UNDERTAKER (ADDRESS) C. O. Biggs Dexter, Mo.

20. FILED 9-7- 1931 Frank LaRue Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6th, 1931

22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1931, to 9-5-, 1931.
I last saw her alive on Sept 5-, 1931. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus. — Date of onset ✓

59

Other contributory causes of importance: ✓

Name of operation No Chemical Date of ✓
What test confirmed diagnosis? No Chemical Was there an autopsy?

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)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify .....
(Signed) J. P. Brandon, M. D.
(Address) Essex, Mo.