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.

DEC 21 1931

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

Do not use this space.

36953

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 100 — Registered No. 1186

City St. Joseph, Mo. (No. 507 E. Lewis St. Ward)

2. FULL NAME Lena Martina Wilson

(a) Residence, No. 507 E. Lewis Street St., Ward. (If nonresident, give city or town and State)
(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.

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: Lester Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 2, 1910 6 mo

7. AGE: ~~Hour~~ 24 YEARS; MONTHS: Unknown; DAYS: 23; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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): Unknown Missouri

FATHER

13. NAME: C. C. Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barnard Missouri

MOTHER

15. MAIDEN NAME: Nellie Maxwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

17. INFORMANT (ADDRESS): Lester Wilson, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maitland, Mo. DATE Nov. 27, 1931

19. UNDERTAKER (ADDRESS): Fleeman Funeral Home Inc. St. Joseph, Missouri

20. FILED NOV 27 1931, 19 John R. Benderson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 25, 1931

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed on ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at unknown

The principal cause of death and related causes of importance were as follows:

Suicide By Hanging at home 507 E Lewis 165

Date of onset

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 11/25, 1931

Where did injury occur? St. Joseph (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Hanging

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. W. Tadlock-Corone M. D.

(Address) 821 Francis