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.

NOV 20 1931

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

Do not use this space.

38464

File No. 18

Registered No.

1. PLACE OF DEATH

County Nodaway Registration District No. 624

Township Hopkins Primary Registration District No. 5826

City (No. R.F.D.#1, Hopkins, Mo. St. Ward)

2. FULL NAME Cynthia Ella Music Wilder

(a) Residence, No. R.F.D.#1, Hopkins, Mo. 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. 9 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 James Wilder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 16, 1861

7. AGE: Years 69 | Months 11 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 11/8/31

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Dryden, Lee Co., Va.

FATHER

13. NAME Levi Music,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER

15. MAIDEN NAME Mima Gobble,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) James Wilder, R.F.D.#1, Hopkins, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopkins, Mo. DATE Nov. 9, 1931

19. UNDERTAKER (ADDRESS) F. L. Watmore, Belfast, Iowa

20. FILED 11/9/31 O. Hobeyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from XXXX