

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

Do not use this space.

1599

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1. PLACE OF DEATH
 County Leflore Registration District No. 4604
 Township _____ Primary Registration District No. 4277
 City Odessa (No. _____) St. _____ Ward _____
 2. FULL NAME Joe Ann Wilcox
 (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 1 yrs. 1 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3, 1930
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
1 1 _____

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) Odessa, Mo. (STATE OR COUNTRY) _____

FATHER
 13. NAME Robt. G. Wilcox

14. BIRTHPLACE (CITY OR TOWN) Odessa, Mo. (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME Stella Reynolds

16. BIRTHPLACE (CITY OR TOWN) Odessa, Mo. (STATE OR COUNTRY) _____

17. INFORMANT R. A. Wilcox (ADDRESS) Odessa

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Odessa, Mo. DATE 1/4 _____

19. UNDERTAKER L. C. Husman (ADDRESS) Odessa

20. FILED 2-1 1932 A. C. Schooley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3rd, 1932
 22. I HEREBY CERTIFY That I attended deceased from Dec 19th 1930 to Jan 3rd 1932
 I last saw him alive on Jan 3rd, 1932 Death is said to have occurred on the date stated above, at 4:00 p. m.
 The principal cause of death and related causes of importance were as follows:

Dr. Chas. P. ...
157A
157B/57A
107A
 Other contributory causes of importance:
Hydrocephalus (from paper)
Pneumonia on head
 Date of onset 1-1-32

Name of operation Paper Spine Surgery Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? no

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 (D)
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. C. ... M. D.
 (Address) Odessa, Mo.

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.

FEB 24 1932

