

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

Do not use this space.

5215

**1. PLACE OF DEATH**

53 County Lockdale Registration District No. 4249  
 2 Township Lebanon Primary Registration District No. 4267  
 6 City Lebanon (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mattie A Wilson  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. Wilson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3 - 1871</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>60</u>		<u>9</u>	<u>17</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife 235</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>131</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1932</u> H: Total time (years) spent in this occupation <u>12</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lockdale Mo. 1</u>				
FATHER	13. NAME <u>Or. H. Murrell</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Mary Lewis</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn 2</u>			
17. INFORMANT (ADDRESS) <u>John Murrell Lebanon Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Murrell Cemetery</u> DATE <u>July 22 1932</u>				
19. UNDERTAKER (ADDRESS) <u>Palmer Lebanon</u>				
20. FILED <u>2/22 1932</u> <u>J. M. Billiey</u> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to Feb 20, 1932  
 I last saw her alive on Feb 20, 1932. Death is said to have occurred on the date stated above, at 9:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic interstitial nephritis  
Valvular heart disease  
 Date of onset 1928  
 10 yrs

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? none 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) P. H. Murrell, M. D.  
 (Address) Lebanon 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.

MAR 23 1932

