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.

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

Do not use this space.

12723

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Raw — Primary Registration District No.: 1092 — Registered No.: 1003

City: Kansas City — (No.: St Mary's Hospital St. Ward)

2. FULL NAME: Mrs Amy Wilson 3

(a) Residence, No. 3519 Michigan St., 3 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: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Samuel E. Wilson 1900 deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 4 - 1843

7. AGE: Years 89 — Months 0 — Days 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home. 1860

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1895

10. Date deceased last worked at this occupation (month and year): 1920

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Green County Wisconsin

FATHER

13. NAME: think Jno McMurtrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): think Wis.

MOTHER

15. MAIDEN NAME: Abi Curtis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): think Wis.

17. INFORMANT (ADDRESS): Mrs Ella F. Stake 3519 Michigan

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Jefferson Iowa DATE: ....19..

19. UNDERTAKER (ADDRESS): Eyler Funeral Home 1800 Linwood

20. FILED: 4/20, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

4 Wednes.

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1932, to April 19, 1932

I last saw her alive on April 19, 1932. Death is said to have occurred on the date stated above, at 1:50 p.m.

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

	Date of onset
Fracture of femur	
Other contributory causes of importance:	
Hemorrhage from Gastric ulcer	14

Name of operation: none — Date of

What test confirmed diagnosis? autopsy — Was there an autopsy? yes

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

Accident, suicide, or homicide? accident — Date of injury? Mar 19, 1932

Where did injury occur? 3519 Michigan K C Mo
(Specify city or town, county, and State)

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

Manner of injury: Due to fall

Nature of injury: Fracture femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) Geo L. Denman M. D.

(Address) 900 Commerce Bldg

" Denman 908 chambers · 25 E 12 st

W.P. 0521