

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.

SEP 24 1932

20225-a

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

Do not use this space.

20225-a

1. PLACE OF DEATH
 71 County Morgan Registration District No. 598
 4 Township Morgan Primary Registration District No. 1255
 2 City Versailles (No.) St. Ward
 2. FULL NAME Amanda E. Willson
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FM 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 John A. Willson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 14 - 1847
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 26
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 92
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 127
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 18
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Mo.
 13. NAME Wm Reed
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
 15. MAIDEN NAME Wilkerson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
 17. INFORMANT (ADDRESS) Mrs. J. W. Roe
Versailles, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles DATE June 11 1932
 19. UNDERTAKER (ADDRESS) W. T. Kidwell,
Versailles, Mo.
 20. FILED 6-10 1932 AN Gutman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1932
 22. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....
 I last saw him alive on 19..... 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 cholecystitis
obstruction common
duct probably from
stone. Date of onset
 Other contributory causes of importance:
Valvular disease of
heart (Mitral). 52yrs
 Name of operation Date of
 What last confirmed diagnosis?
 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. 14
 Manner of injury 1
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) A. J. Gunn M. D.
 (Address) Versailles Mo.

