

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.

JAN 22 1933

22271-a

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

Do not use this space.

22271-a

1. PLACE OF DEATH
 County Christian Registration District No. 185
 Township Benton Primary Registration District No. 5260
 City (No.) St. Ward

2. FULL NAME Harriet Louisa Wilson
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (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 male 4. COLOR OR RACE white 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) Mar/18/1932

| | | | |
|--------------|----------|-----------|----------------------------------|
| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <u>3</u> | <u>20</u> | |

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) (STATE OR COUNTRY) Christian Co. Mo.

MOTHER FATHER

13. NAME Orville A. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Mo.

MOTHER

15. MAIDEN NAME Marie Pogue

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co. Mo.

17. INFORMANT C. H. Wilson (ADDRESS) Johns Mills

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE July 19, 1932

19. UNDERTAKER Rogersville, Mo. (ADDRESS) and

20. FILED Jan 1 33 19 Mar 2 P. B. Glemens Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 7-18, 1932
 I last saw him alive on 7-15, 1932. Death is said to have occurred on the date stated above, at 10 P.M.
 The principal cause of death and related causes of importance were as follows:
Cholera Infantum Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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?
 If so, specify
 (Signed) S. O. H. Williams, M. D.
 (Address) Forrest Mo.

