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.

AUG 27 1932

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

Do not use this space.

24028

1. PLACE OF DEATH
96 County St Louis — Registration District No. 1123
Township Carondelet — Primary Registration District No. 6248 B.
City Jefferson Barracks (No. U.S. Veterans Hospital St. Ward)

File No.
Registered No. 252

2. FULL NAME Wilson M. Vida (Miss)
(a) Residence, No. 5928 Maple Av St. Louis Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27-1886

7. AGE: 46 YEARS ~~1886~~ MONTHS ~~Jan~~ 5 DAYS ~~1st~~ 27 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 217
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta, Ill 2

FATHER
13. NAME John E. Wilson 8
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta, Ill

MOTHER
15. MAIDEN NAME Nancy Tweed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta, Ill

17. INFORMANT (ADDRESS) Dr Arthur Lederer U.S. Vet. Hosp. Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sparta Ill DATE 7-27 1932

19. UNDERTAKER (ADDRESS) Eckert & Son, Sparta, Ill

20. FILED 7/26 1932 L. C. Obrock M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24th, 1932

22. I HEREBY CERTIFY That I attended deceased from April 13th, 1932, to July 24th, 1932
I last saw her alive on July 24th, 1932 Death is said to have occurred on the date stated above, at 3:23 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7/1/32
132A	
132B	
Other contributory causes of importance:	
Nephritis	4/13 32

Name of operation ... Date of ...
What test confirmed diagnosis? ... 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Dr W. C. Gibson, M. D.
(Address) per Dr Lederer (OD)