

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 29 1932

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

Do not use this space.

25061  
73

1. PLACE OF DEATH  
 100 County DeSoto Registration District No. 827  
 11 Township Rockland Primary Registration District No. 6070  
 7 City Sikeston (No. 14553) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Maucha Wilson  
 (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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widow</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 12 1886</u>		
7. AGE	YEARS	MONTHS
	45	11
		Days
		10
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>231</u>		
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) <u>DeSoto Co, MO</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Rex W. H. G. Turner</u> (ADDRESS) <u>Sikeston Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union</u> DATE <u>7/24</u> 19 <u>32</u>		
19. UNDERTAKER <u>H. G. Welch</u> (ADDRESS) <u>Sikeston Mo</u>		
20. FILED <u>8/7/32</u> 19 <u>32</u> <u>Walter E. Wilson</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1932

22. I HEREBY CERTIFY, that I attended deceased from June 1 1932, to July 22 1932  
 last saw her alive on July 18 1932. Death is said to have occurred on the date stated above, at 4 P m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic cardiac  
valvular disease  
Fibrinous changes of the pericardium  
Cardio-vascular disease

Other contributory causes of importance:  
none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) L. Howard C. McClure, M. D.  
 (Address) Sikeston, Mo

