

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 23 1932

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

Do not use this space.

26440

1. PLACE OF DEATH
 48 County Jackson Registration District No. 400
 7 Township Prague Primary Registration District No. 4235
 6 City Free Summit (No.) St. Ward

2. FULL NAME Anna Wilson
 (a) Residence, No. Indep. Mt. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 28

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

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) Burton (STATE OR COUNTRY) Kentucky

13. NAME None

14. BIRTHPLACE (CITY OR TOWN) None (STATE OR COUNTRY) 31

15. MAIDEN NAME Records

16. BIRTHPLACE (CITY OR TOWN) None (STATE OR COUNTRY) Records

17. INFORMANT Wm. J. Hall (ADDRESS) Indep. Mt.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Sept 3 1932

19. UNDERTAKER Wm. C. L. Foster (ADDRESS) Indep. Mt.

20. FILED Aug 31 1932 William J. Fields Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1932 to Aug 31 1932
 I last saw her alive on Aug 30, 1932 Death is said to have occurred on the date stated above, at 4:20 m.
 The principal cause of death and related causes of importance were as follows:
Apoplexia Date of onset Aug 20 1932
82A
 Other contributory causes of importance: None

Name of operation None Date of
 What test confirmed diagnosis? Was there an autopsy? 1

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 Apoplexia
 (Signed) Wm. C. L. Foster M. D.
 (Address) Indep. Mt.

