

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

Do not use this space.

**1. PLACE OF DEATH**

44 County Holt  
3 Township  
6 City Forest City (No. ....)

Registration District No. 370  
Primary Registration District No. 4216

File No. 32085  
Registered No. 9  
St. .... Ward)

**2. FULL NAME**

Beverly Sue 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  
4. COLOR OR RACE  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female white

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 20-1932

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

5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.   
(b) General nature of industry, business, or establishment in which employed (or employer).   
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Forest City / Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Johnny Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Holt Co. Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lura Pullen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Forbes  
(STATE OR COUNTRY) Missouri

14. INFORMANT Johnny Wilson  
(Address) Forest City Mo.

15. FILED 10-20, 1932 F. E. Bullock  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 20 1932

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature birth  
159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) E. F. Kearney, M. D.

10-20, 1932 (Address) Oregon, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Oregon, Mo. 10-20 1932

20. UNDERTAKER ADDRESS

✓ ✓

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.

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