

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

Do not use this space.

32904

File No. 282
Registered No. 62 St. 62 Ward)

1. PLACE OF DEATH

64 County Marion Registration District No. 547
1 Township Marion Primary Registration District No. 3079
8 City Hannibal (No. 1508 Grace St)

2. FULL NAME

Alice Jamell Wilson
(a) Residence, No. 1508 Grace St., 62 Ward.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. A. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10th. 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 - 12

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. 235

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) Hannibal Mo

13. NAME John Jamell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Bridget Mc Guire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mr. J. A. Wilson 1508 Grace St. Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE 10/24/32

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo

20. FILED 6/27/32 1932 6 Clousma Registrar. 10/29/30

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1930, to Oct-22, 1932

I last saw her alive on Jan 30, 1930. Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumia
71A
1343 11/10
Pneumonia
Date of onset

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? No
If so, specify _____
(Signed) J. A. Jamell M. D.
(Address) Hannibal Mo

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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