

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

Do not use this space.

37552

1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No. *13008*
 City (No. *Missouri Baptist Hospital*) St. Ward)

File No.
 Registered No. **10226**

2. FULL NAME

Justine Wilson
 (a) Residence, No. *5133 Lakeside* St. *12* 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 *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) *Unknown*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 55

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Stenographer*
 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
25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

FATHER
 13. NAME *E. J. Wilson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Norway*

MOTHER
 15. MAIDEN NAME *Catharine Persson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sweden*

17. INFORMANT *Ellen Bollinger*
 (ADDRESS) *Boatman's dock 1214*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Farmington Mo.* DATE *Nov 21* 19*32*

19. UNDERTAKER *Grady Undertaking Co.*
 (ADDRESS) *1115 W. 1st St. St. Louis*

20. FILED *NOV 20 1932* 19 *Max C. Anderson* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 18* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *11-17-1932* to *11-18-1932*
 I last saw h. *alive* on *11-18-1932* Death is said to have occurred on the date stated above, at *11:30 p.m.*

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

Uræmia & Pulm. Edema
108
1108
108
 Other contributory causes of importance: *Uremic acid-*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

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 *(1)*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) *R. C. Andrews*, M. D.

(Address) *Wass Bldg*

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.

Handwritten signature or name, possibly "M. J. ...".

Handwritten initials or mark, possibly "M. J.".